



# बिहार गजट

## असाधारण अंक

# बिहार सरकार द्वारा प्रकाशित

21 अग्रहायण 1936 (श०)

(सं० पटना 1025) पटना, शुक्रवार, 12 दिसम्बर 2014

सं० यो04/८-एच०डी०-2014-4615/यो०वि०

योजना एवं विकास विभाग

### संकल्प

#### 8 अक्तूबर 2014

मानव विकास से संबंधित लक्ष्यों एवं संगत कार्यक्रमों के पर्यवेक्षण एवं समीक्षा हेतु राज्य स्तरीय अनुश्रवण समिति का पुनर्गठन माननीय मुख्यमंत्री की अध्यक्षता में मंत्रिमंडल सचिवालय विभाग, बिहार, पटना के संकल्प संख्या-542 दिनांक 30.04.2013 द्वारा किया गया है एवं संकल्प संख्या 932 दिनांक 17.07.2014 के द्वारा पूर्व निर्गत संकल्प की कंडिका-2 (क)॥ में समिति के सदस्य के रूप में नामित उप मुख्यमंत्री, जो वित्त मंत्री भी थे के स्थान पर वित्त मंत्री से प्रतिस्थापित किया गया। इस समिति द्वारा मानव विकास के लक्ष्यों तथा संगत कार्यक्रमों की कार्य योजना हेतु दिशा-निर्देश दी जायेगी एवं उसकी प्रगति की समीक्षा की जायेगी।

2. दिनांक 18.12.12 को माननीय मुख्यमंत्री, बिहार की अध्यक्षता में मिशन मानव विकास से संबंधित लक्ष्यों एवं संगत कार्यक्रमों के पर्यवेक्षण हेतु 20 सूचकांकों का चयन किया गया एवं चयनित सूचकांकों के बेहतर अनुश्रवण एवं समन्वय हेतु प्रत्येक सूचकांक का रोड मैप तैयार करने के लिए विभिन्न विभागों के प्रधान सचिव/सचिव की अध्यक्षता में 7 समितियाँ यथा जनसंख्या, स्वास्थ्य एवं कृपोषण समिति; जलापूर्ति एवं स्वच्छता विषयक समिति; शिक्षा विषयक समिति; कला संस्कृति एवं क्रीड़ा विषयक समिति; सूचना एवं संचार विषयक समिति; कौशल विकास समिति एवं कमज़ोर वर्ग एवं अति निर्धन वर्ग की सुरक्षा विषयक समिति का गठन किया गया। इन समितियों के द्वारा मानव विकास से संबंधित विभिन्न सूचकांकों की पहचान कर लक्ष्यों का निर्धारण किया गया है।

3. दिनांक 24.06.2014 को माननीय मुख्यमंत्री, बिहार की अध्यक्षता में मिशन मानव विकास से संबंधित लक्ष्यों एवं संगत कार्यक्रमों के पर्यवेक्षण एवं समीक्षा हेतु राज्य स्तरीय अनुश्रवण समिति की बैठक में लिये गये निर्णय के आलोक में दिनांक 16.09.2014 की मंत्रिपरिषद् से मिशन मानव विकास की कार्य योजना एवं इसमें सन्नहित वर्ष 2014-15 से 2016-17 तक कुल 1,19,19,884.00 (एक करोड़ उन्नीस लाख उन्नीस हजार

आठ सौ चौरासी) लाख रूपये मात्र की लागत पर सैद्धान्तिक स्वीकृति तथा विभिन्न सूचकांकों के कार्यान्वयन हेतु चयनित योजनाओं का उद्व्यय तथा बजट उपबंध प्राप्त कर सक्षम पदाधिकारी की स्वीकृति उपरान्त कार्यान्वयन के प्रस्ताव की स्वीकृति प्रदान की जाती है। (मिशन मानव विकास की कार्य योजना संलग्न)।

**आदेश:**—आदेश दिया जाता है कि इस संकल्प को बिहार राजपत्र के अगले अंक में सर्वसाधारण की जानकारी हेतु प्रकाशित किया जाय।

बिहार के राज्यपाल के आदेश से,  
पंकज कुमार,  
सचिव।

### परिशिष्ट-‘च’

#### ACTION PLAN MISSION MANAV VIKAS

Department of Planning and Development,  
Government of Bihar

The document portrays the action plan on strategic intervention of Government of Bihar “Mission Manav Vikas”. The document covers the concept, perspective, strategies and modalities of the robust Planning & monitoring system. The dynamic initiative covers strategic goal posts for different indicators, their current status and interventions taken by sectors and departments to achieve the set targets. It covers the multi perspective approach of Government, Non-government players and other national and international civil society organizations. Mission Manav Vikas devised result framework setting plan and annual targets for the 12th plan period.

### Glossary

ACOs	Assistant Clinical Officers
AHS	Annual Health Survey
AMC	Annual Maintenance Contract
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
APHCs	Additional Public Health Centre
ASER	Annual Status of Education Report
ASHA	Accredited Social Health Activist
ANMMCH	Anugrah Narayan Magadh Medical College and Hospital
APHC	Additional Primary Health Centre
APL	Above Poverty Line
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BPL	Below Poverty Line
BRC	Block Resource Centre
BRCC	Block Resource Centre Coordinator

BRP	Block Resource Person
BSDM	Bihar Skill Development Mission
BSWAN	Bihar State Wide Area Network
BEmONC	Basic Emergency Obstetrics and Newborn Care
BIMC	Bihar Infrastructure Medical Corporation
BMWM	Bio Medical Waste Management
BPHC	Block Public Health Centre
BPMU	Block Program Management Unit
CBOs	Community Based Organisations
CBR	Crude Birth Rate
CDR	Crude Death Rate
CEmONC	Comprehensive Emergency Obstetrics and Newborn Care
CS	Civil Surgeon
CSC	Common Service Centre
CHC	Community Health Centre
CRC	Cluster Resource Centre
CSC	Common Service Centres
DHS	District Health Society
DLHS	District Level Household Survey
DMCH	Darbhanga Medical College and Hospital
DIET	District Institute of Education and Training
DISE	District Information System for Education
EBC	Extremely Backward Community
EBF	Exclusive Breast Feeding
ELBW	Extremely Low Birth Weight
FRU	First Referral Unit
F-IMNCI	Facility Based Integrated Management of Neonatal Childhood Illness
FBNC	Facility Based Newborn Care
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GoB	Government of Bihar
GPI	Gender Parity Index
GSDP	Gross State Domestic Product
HBNC	Home Based Newborn Care
HFW	Health and Family Welfare
HDI	Human Development Index
HH	Household
HRD	Human Resource Development
IAP	Indian Academy of Pediatrics
IIPH	Indian Institute of Public Health
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate

IPRD	Information and Public Relation Department
ICT	Information and Communication Technologies
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IHHL	Individual Household Laterin
IIT	Indian Institute of Technology
IT	Information Technology
ITI	Industrial Training Institutes
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
JBSY	Janani Bal Suraksha Yojana
JLNMC	Jawaharlal Nehru Medical College Hospital
JSK	Jana Swasthya Rakshaks
JSSK	Janani Sishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
KGBV	Kasturba Gandhi Balika Vidyalaya
LBW	Low Birth Weight
LPCD	Litre Per Capita Per Day
LSY	Lohiya Swachhata Abhiyan
MDG	Millennium Development Goals
MoHFW	Ministry of Health and Family Welfare
MTP	Medical Termination of Pregnancy
MMV	Mission Manav Vikas
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MDM	Mid-Day Meal (program)
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Programme
MIS	Management Information System
MMR	Maternal Mortality Rate
MMU	Mobile Medical Units
MO	Medical Officer
MTP	Medical Termination of Pregnancy
NAAC	National Assessment and Accreditation Council
NBA	Nirmal Bharat Abhiyan
NBSC	New Born Sick Unit
NCF	National Curriculum Framework
NCSTC	National Council for Science & Technology Communication
NeGP	National e-Governance Plan
NFHS	National Family and Health Survey
NGO	Non Government Organisations
NHP	National Health Profile
NRC	Nutrition Rehabilitation Centre

NRHM	National Rural Health Mission
NSDM	National Skill Development Mission
NSSO	National Sample Survey Organization
NBCC	Newborn Care Corner
NBSU	Newborn Stabilization Unit
NCHRC	National Child Health Resource Centre
NIHFW	National Institute of Health and Family Welfare
NIT	National Institute of Technology
NMCH	Nalanda Medical College Hospital
NMR	Neonatal Mortality Rate
NRC	Nutritional Rehabilitation Center
NSS	National Service Scheme
NSSK	Navjaat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OPD	Out Patient Department
PC	Personal Computer
PHC	Primary Health Centre
PHED	Public Health Engineering Department
PHFI	Public Health Foundation of India
PIP	Program Implementation Plan
PMCH	Patna Medical College Hospital
PPH	Post-Partum Hemorrhage
PP IUD	Post Partum Intra Utérine Device
PHC	Public Health Centre
PMS	Performance Management System
PTR	Pupil Teacher Ratio
PYKKA	Panchayat Yuva Krida Aur Khel Abhiyan
QE	Quality Education
RCH	Reproductive and Child Health
RKS	Rogi Kalyan Samiti
RTE	Right to Education
RTI	Right To Information
RTS	Right To Service
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SC	Sub Centre
SCs	Scheduled Caste
SCR	Student Class Room Ratio
SHG	Self Help Group
SHS	State Health Society
SIHFW	State Institute of Health and Family Welfare
SLMC	State Level Monitoring Committee
SN	Staff Nurse

SNCU	Special Newborn Care Unit
SDMC	School Development and Monitoring Committee
SNP	Supplementary Nutrition Program
SSA	Sarva Siksha Abhiyan
SRS	Sample Registration System
ST	Scheduled Tribe
TFC	Twelfth Five Year Plan
TFR	Total Fertility Rate
TSG	Technical Support Group
ULB	Urban Local Bodies
U-5 MR	Under Five Mortality Rate
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
UPS	Upper Primary School
VHSND	Village Health Sanitation & Nutrition Day
VO	Village Organisation
WATSAN	Water and Sanitation
WHO	World Health Organization

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## **Setting Outlook of Mission Manav Vikas**

### **1.1 *Introduction***

Bihar is today a state with high hopes and aspirations. In the development perspective, the state has established itself as 'Resurgent Bihar'. The state of Bihar has made rapid progress in all sectors and regions in last few years. However, it needs to fast track its Human Development attainments to ensure that its citizen can lead a better quality of life. The inclusive approach of development - *Growth with Justice* has been envisaged in the 12<sup>th</sup> Five Year Plan. The challenge of development in the State can be well understood with the help of the socio-economic indicators which have direct bearing on the nature and magnitude of human development.

Manav Vikas (Human Development) outcomes are a complex function of economic growth, social policy, advocacy and strategies. There is a need to make special plan of action to improve the human development indicators.

Mission Manav Vikas was constituted by Government of Bihar to identify key human development indicators, prepare a special road map for their development and to monitor their progress. This mission has been given the status of sub-committee to cabinet. Chief Minister, Bihar is the chairperson of the committee along with ministers of concerned department as members of the sub-committee.

The main objective of the mission is to identify major monitorable human development indicators, study their current status and the trend of growth and prepare a road map to achieve a well defined target during 12<sup>th</sup> five year plan.

### **1.2 *Conceptual Framework of Mission Manav Vikas***

Although, there is a strong linkage between economic development and human development indicators, economic development in itself may not be sufficient for improvement in human development indicators. There is a need to prescribe a range of interventions to facilitate development of the fullest human potential in each individual, especially belonging to the most disadvantaged social and economic groups.

Harnessing the fullest human potential requires a simultaneous attention to the nutrition needs, the educational needs, the health needs, the food security needs, the clean water and sanitation needs, the livelihood needs, the housing needs, the empowerment needs, the gender and social equity needs of every household. There is strong evidence to suggest that simultaneous action in all these sectors do facilitate the fullest development of the human potential. It is a fundamental right of a citizen to be able to become what he or she is capable of. It is the obligation of the state to provide every individual, however poor, an opportunity to do so.

This necessitates a departure from traditional fund based planning to indicator based planning. Whereas the traditional planning involved allocation of fund for different sectors and further to different schemes, indicator based planning would require planning for both policy and schemes

which can effectively lead to desired change in the indicator within the stipulated period of time. In the traditional system many indicators remained totally unmonitored such as child marriage, sex ratio, total fertility rate etc. they could not be periodically monitored nor was any policy or schemes formulated to directly effect change in such indicators. As a result the outcome of the planning process could not be forecasted or monitored. Mission Manav Vikas follows indicator based planning wherein the core social indicators for human development would be identified and a plan of action would be formulated to make desirable change in the indicators. Such indicators are planned to be monitored to the lowest possible unit e.g if sex ratio is to be monitored this can be monitored up to the village level.

This method has several advantages. Firstly, it provides a clear cut framework to visualize the kind of change that one proposes to bring in the society. Secondly, it helps in identifying gaps in policies and programs for effecting the desired change. Thirdly, the framework also provides contextual interventions to deal with the local contextual variations in the indicators. Fourthly, the method provides a readymade structure for monitoring the outcomes of the programs. However in all those cases where periodical assessment of indicators is not available such assessments need to be put in place so that necessary monitoring is not hindered.

Mission Manav Vikas is a platform for comprehensive and continuous review based on grass root evidences followed by quick and effective interventions. The interventions may be corrective action, modification, merging or dropping existing policy, programs or schemes and come with a fresh policy, programs or schemes considering the changed scenario or strategy of the state towards development process.

### 1.3 The Mission Indicators

MISSION INDICATORS	
<b>Indicator 1: Sex Ratio</b> <b>Indicator 2: Child Marriage</b> <b>Indicator 3: Life expectancy at birth</b> <b>Indicator 4: Infant/Child Mortality Rate</b> <b>Indicator 5: Malnutrition</b> <b>Indicator 6: Maternal Mortality Rate</b> <b>Indicator 7: Anaemia among adolescent girls</b> <b>Indicator 8: Total Fertility Rate</b> <b>Indicator 9: Gross Enrolment Ratio</b> <ul style="list-style-type: none"> <li>a) Gross Enrolment Ratio in Higher Education</li> <li>b) Gross Enrolment Ratio in Class IX</li> <li>c) Gender Ratio of candidates appearing class Xth Board Exam.</li> </ul> <b>Indicator 10: Pupil-Teacher Ratio</b> <ul style="list-style-type: none"> <li>a) Pupil-Teacher Ratio in Elementary Education</li> <li>b) Pupil-Teacher Ratio in Secondary /Higher Secondary</li> </ul> <b>Indicator 11: Student-Classroom Ratio</b> <ul style="list-style-type: none"> <li>a) Student-Classroom Ratio in Elementary Education</li> </ul>	<b>Indicator 15: Safe Drinking Water</b> <ul style="list-style-type: none"> <li>a) Coverage of Rural Habitation through Enhanced Entitlement as per 55 LPCD</li> <li>b) Coverage of Arsenic, Fluoride and Iron affected habitations</li> <li>c) Coverage of Primary/Middle schools with additional hand pump</li> <li>d) Coverage of Anganwadi with hand pump</li> <li>e) Coverage of Households with Piped Water Supply</li> <li>f) Coverage of Water Supply In urban areas</li> <li>g) Per Capita supply of water 135 LPCD (Municipal Corporation &amp; Council)</li> <li>h) Per Capita supply of water 70 LPCD (Nagar Panchayat)</li> </ul> <b>Indicator 16: Sanitation</b> <ul style="list-style-type: none"> <li>a) Access to Sanitation Facilities in Rural Areas</li> <li>b) Nirmal Panchayat</li> <li>c) Sanitation Facility in Elementary Schools</li> <li>d) Anganbadi Toilets</li> <li>e) Individual Household Sanitation Coverage in Urban Areas</li> <li>f) Coverage of Sewerage Network</li> </ul> <b>Indicator 17 Poverty Alleviation</b>

<b>Indicator 12: Drop Out Ratio</b> a) Transition Rate of children SC/ST/ Girls / Minorities b) Attendance Percentage against Enrolment <b>Indicator 13: Basic Education</b> a) Learning Achievement in Language and Maths b) Number of girls of SC/ST/EBC/minorities passing class Xth c) Adult Education <b>Indicator 14: Skill Development</b> a) Imparting Skill Development Training to Youths	a) Household Mobilization b) SHG Formation c) SHG Credit Linkage d) Number of families received 100 days of employment in a year under MGNREGA e) Number of families benefitted under Indra Awas Yojana <b>Indicator 18: Protection of Weaker and Extremely Poor Section</b> a) Coverage of Social Pension to Disabled b) Rehabilitation of Beggars <b>Indicator 19: Culture and Sports</b> a) Development of International and National Level Stadium b) Organising Sports Events <b>Indicator 20: Information and Communication</b> a) Number of Digitally Literate Women
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The Mission indicators are in line with the Millennium Development Goals as 2015 is also the time for the assessment of the MDGs worldwide and at national or sub-national levels. The Manav Vikas Mission is ambitiously visualized to monitor outcome indicators on the regular basis.

The above said indicators are identified by nine departments who would be responsible for regular monitoring. Some of the issues involve more than one department thus convergence would be one of the core areas to achieve the set target for each indicator. Departments involved under Mission Manav Vikas are:- Health, Social Welfare, Education, Labour, Information and Technology, Rural Development, Art Culture and Youth, Public Health and Engineering Department and Urban Development.

#### **1.4 *Institutional arrangements for Mission Manav Vikas***

Institutionalizing the initiative is an integral component. For Mission Manav Vikas to be really vibrant and dynamic, it is very important that each of the priorities finalized by the State Mission Manav Vikas translates into specific action points at each level. The same set of priorities ought to be reviewed initially at State and District level and in future percolate to Block and Panchayat level and efforts to fill in gaps be speeded up. The concerned departments need to work-out the details of institutional arrangements especially at the lowest possible level.

At the state level under the chairmanship of Honourable Chief Minister, State level monitoring committee comprising of Ministers of concerned departments, senior State Government officials viz. Chief Secretary, Development Commissioner, Principal Secretaries/Secretaries of concerned departments meet on quarterly basis to review the progress and Under the Chairmanship of Chief Secretary, State Coordination and Convergence Committee meets on monthly basis to review the progress.

At state level, Department of Planning & Development is coordinating as nodal agency which is entrusted to negotiate with other concern departments and agencies and provide secretarial support to the Cabinet for reviewing Mission Manav Vikas for activities and progress. To operationalize, the issues pertaining to inter-department coordination and convergence, an

empowered committee of all concern departments is managing the affairs on regular basis. Likewise, the institutional arrangement at state, District Planning Office needs to be notified as nodal agency at district level.

#### **1.4.1 Mission Manav Vikas Cell/Technical Support Group**

Department of Planning and Development, Government of Bihar has been playing pivotal role in facilitating and establishing systems of data analysis, data consolidation, secretarial support to review and monitoring on regular intervals by the Cabinet Sub-committee on Mission Manav Vikas. It is entrusted with the responsibility to coordinate with concern departments and agencies to take measures of policy analysis and preparing policy briefs, creating and disseminating knowledge documents. To facilitate the process Planning and Development Department, GoB, has recently established Mission Manav Vikas Cell. The MMV Cell is a pool of officials and technical professionals working on preparation of roadmap, developing monitoring tools and instruments and facilitating analyzed review and monitoring forum on human development indicators.

## **2**

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### **Demography, Health and Nutrition**

#### **2.1 *Introduction***

Bihar is the third most populous state (8.6% of the country i.e. about 104 million) in India. Despite its social indicators used to be worse than national average it matched with the national average IMR of 44/1000 LB in 2011 and increase literacy rate by 17% points the highest in the country in the decade of 2001-2011. The female literacy improved even faster by 20% points probably a world record. Bihar's life expectancy now is estimated to be 65.8 years close to national average of 66.1 years. iv) Crude death rate is 6.7 /1000 persons compared to national average of 7.1 /1000 persons. Bihar's plan spending has increased from Rs. 10, 000 million per year to 160,000 million per year under the new political regime in last 8 years.

However there remain some dark areas like i) Rural poverty declined by just 0.4% as against national average of 8.2% ii) its population expanded by 25% as against national average of 17.6% in the 2001-2011 decade iii) MMR is 261 as compared to national average of 212 iv) Total Fertility Rate (TFR) is around 3.6 per women as compared to national average of 2.5 v) Malnutrition and Anemia, child marriage, gender bias against girls and adverse sex ratio for females continues as key social challenges.

#### **2.1.2 Trend of RCH indicators**

Bihar's achievements in reducing maternal and child mortality in the recent past has been impressive, though huge disparities and gaps exist in achieving better maternal and child health related Millennium Development Goals (MDGs) by the year 2015. Maternal and Child Health situation in Bihar is witnessing many positive changes in the recent years. The key maternal and child health indicators of the State like Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), Total Fertility Rate (TFR), etc., show progressive declining trends, however much more needs to be achieved in these areas as well as in improving the life expectancy at birth, stagnant

malnutrition, iron deficiency anemia and reducing early child marriage.

#### Key Indicators in timeline

Indicators	2003	2006	2009	2011
Bihar/India				
CBR	<b>30.7</b> /24.8	<b>29.9</b> /23.5	<b>28.5</b> / 22.5	<b>27.7</b> /21.8
CDR	<b>7.9</b> /7.7	<b>7.7</b> /7.5	<b>7.0</b> /7.3	<b>6.7</b> /7.1
IMR	<b>60</b> /60	<b>60</b> /57	<b>52</b> /47	<b>44</b> /44
MMR	<b>371</b> /301	<b>312</b> /254	<b>261</b> /212	<b>261</b> /212
TFR	-	<b>3.9</b> /2.6 (2008)	<b>3.9</b> /2.6 (2009)	<b>3.7</b> /2.5 (2010)

Source: SRS 2003-2011, RGI, Gol

#### Trend of RCH indicators in Bihar

Sl. No.	Indicator	Bihar	Trend
1	Under 5 Mortality Rate (U5MR)	68	Improved from 105 in 1998
2	Infant Mortality Rate (IMR)	44	Improved from 61 in 2005
3	3+ ANC visits by mothers	34%	Improved from 17% in 2006
4	Institutional Deliveries	47.7%	Improved from 24% in 2007
5	Skilled attendance at Birth	53.5%	Improved from 34% in 2007
6	Maternal Mortality Ratio (MMR)	261	Improved from 312 in 2005
7	Total Fertility Rate (TFR)	3.6	Improved from 3.9 in 2005
8	Contraceptive Prevalence Rate	34%	Improved from 27% in 2005
9	Full Immunization coverage	64.5%	Improved from 12% in 2005
10	Underweight % children (0-3 yrs.)	58.4%	Worsened by 4% since 1999
11	Anemic women in reproductive age group (15-49 yrs.)	68.3%	Worsened from 63.4% in 1998
12	Mean age at Marriage	17.6	Improved from 17 in 2002

Sources: NFHS 3 (2005-06), SRS 2006-2011, AHS-2011, HMIS Dec 2011, CES 2009 and FRDS-2010

#### a. Achievements at Policy level

Celebrating Year of Newborn, Year of Safe motherhood, Year of Immunization the FBNC model, Yukti Yojana (Safe Abortion Services), ISO Certification, Quality Assurance, Muskan Ek Abhiyan, Nayi Peedhi Swasthya Guarantee Karyakaram, Skills lab, L1 operationalization etc. are some of the key policy decisions favoring overall health development that has been put into action in last 6-8 years.

#### b. Achievements Human Resource and Infrastructure

Sl.No	Post	Sanctioned	Available
1	ANM	23796	18507
2	Multi Purpose Worker	1971	731
3	Lady Health Visitor /PHNs	1181	396
4	Staff Nurse	4717	2214
5	Medical Officers	7780	3971
Infrastructure Facilities			
6	Medical Colleges	20	7
7	District Hospital	38	36

8	Sub-Divisional Hospitals	67	55
9	Referral Hospitals	1038	70
10	PHC	3460	533
11	APHCs	2787	1350
12	Health Sub Center	16576	9729
13	New Born Care Corner	496	496
14	NBSUs	40	22
15	Sick New Born Care Unit	45	13
16	NRCs	38	36

### 2.1.3 Magnitude, trends and implementation Bottlenecks of the problem of Identified Indicators

#### a. Infant Mortality Rate (Neonatal, infant and under 5 mortality)

The Infant mortality rate (IMR) data which is available annually through SRS, RGI Govt. of India indicates that for the first time Bihar caught up the national average of 44/1000 LB in 2011. Review of the trends of IMR over 2000-2010 shows that Bihar made better progress than national Average Annual Reduction during 2008 and 2011. Neonatal Mortality Rate (NMR) is 31/1000 LB in Bihar as compared to all India figures of 33 despite only about 50% of births has skilled birth attendance.

Low birth weight & maternal malnutrition are the underlining causes of higher case fatality. The launching of Home Based Newborn Care (HBNC) and setting up of Sick Newborn Care (SNBC) units in district and sub-district hospitals, IMNCI at community and facility level are yet to contribute for reducing the neonatal mortality. The workforce of Accredited Social Health Activists (ASHA) inducted into the health system in the eleventh five year plan, has been trained and would contribute in community based MNCH care.

#### b. Maternal Mortality Rate (MMR)

The MMR in Bihar has remained higher than the national average throughout the last decade. The trend analysis shows that the average annual percentage decline of MMR in the last 11 years has been just 4.6% for Bihar and 5.5% for India. In absolute terms, the average number of MMR decline per 100,000 live births has been 17.3 for Bihar and 17.8 for India. The institutional delivery has increased from 14.9 percent in DLHS-1 (1998-99) to 27.5 percent in DLHS-3 (2007-08) to 47.7 in AHS 2010-11(33.3% in public health facilities and 14.8% in private facilities) i.e. a leap of 35.6% @ 3.5% per annum. Of the 52% deliveries conducted at home only 18.4% were attended by SBAs (AHS-2011).

An analysis of the key causes of this MMR are i) lack of round the clock comprehensive emergency obstetric care beyond district and Medical College hospitals ii) Lack of basic emergency obstetric care in sub-district hospitals iii) Limited access to MTP services iv) Skilled birth attendance to only 50% of deliveries, v) Inability of ANMs to detect PIH and severe anemia and refer vi) Want of adequate beds for retaining delivered mother for at least 48 hours vii) Poor review of maternal deaths viii) Poor community awareness and support for identifying pregnancy complications and deciding to refer, arranging for transport etc and much larger social issues of child marriage, teen age pregnancies and illegal abortions.

### **c. Total Fertility Rate (TFR)**

Total fertility rate (3.5) in Bihar is one and half times of All India average (2.4) as of 2012. The same was 127% of the national average in 1980, meaning the gap is widening. The reduction of TFR has been around 35% in Bihar as compared to 44.5% of all India average over the period of 1980 to 2010

Interestingly the association of TFR with educational level of women in Bihar is highly significant. If only state can ensure 10+2 schooling to all children, we will be able to reduce the TFR by two thirds of present level. Though there are some monetary incentive schemes for delaying the marriage but their implementation is not aggressive.

### **d. Malnutrition**

The problem of Malnutrition persists despite decades of supplementary nutrition program. Rate of increase in % wasting is one and half times more in Bihar as compared to India over 1992-93 & 2005-06. Rate of decrease in Stunting less by 17% & Underweight by 1/3<sup>rd</sup> than that of India over the period of 1992-93 & 2005-06. Main causes are poverty, food insecurity, availability of ready to eat cheap commercial food items coupled with busy mothers leading to poor early childhood care and feeding practices, low level of exclusive breast feeding and lack in timely initiation of complimentary foods, repeated episodes of infections, lack of nutritional assessment and management services.

### **e. Anemia**

NFHS 3 study (2005-06) indicates that the prevalence of any type of anaemia in Bihar is 78% with severe anaemia found in around 1.6%, moderate anaemia in 46.8 % and mild anaemia in around 29.6% of the population. The level of Hb may go down below 7g/100 ml, which is a sign of severe anaemia especially among pregnant women, adolescent girls and children. Anaemic pregnant women may succumb to PPH even with normal blood loss occurring during normal Labor. Lack of adequate iron contents in the food, consumption of inadequate quantities of green leafy vegetables/meat (less than 150 gm/day) are key dietary practices coupled with poor absorption are common reasons of Iron deficiency anaemia among Indian population. Recurrent delivery is another contributory factor for high prevalence of anaemia.

### **f. Sex Ratio**

Sex ratio in Bihar is 918 females for every 1000 males, which is below national average of 940 as per census 2011. Bihar is one of the 3 states wherein the sex ratio in 2011 has declined over that of 2001. The sex ratio in the urban areas of Bihar has sharply declined to only 868 females. Looking at the trends over a century one realizes that Sex ratio in Bihar has deteriorated from 1061 in 1901, 1000 in 1951, 907 in 1991, 921 in 2001 to 918 2011 in Bihar. The social and legal support for improving the conditions all over the country appears to have failed to be implemented earnestly in Bihar in last two decades. Major reasons contributing declining sex ratio are cultural issue, patriarchal society, dowry system, daughters are considered as liability, mushrooming of ultra sound facilities.

Preference to male children is overwhelming in rural Bihar. Female feticide and infanticide are reported more in urban area as the accessibility to sex determination is increasing. Under-registration of female births over time and natural change in sex ratio at birth is other possible causes.

#### **g. Child Marriage**

The proportion of girls under 18 years getting married was around 45.9 % in Bihar (latest 20.2% according to AHS 2010-11 data) as against 22.1% of all India figures as per DLHS III data for 2007-08. The reduction in the proportion of children getting married is 40% in India during 1998-99 to 2007-08 (DLHS) as against only 21.1% in Bihar during the same period. According to the same study, few women had started bearing children by 15 years, 25% by 15-19 years and 58% of women aged 19 years were either pregnant or mothers in Bihar.

#### **h. Life Expectancy at Birth**

Currently the life expectancy at birth for male is 65.5 and for females is 66.2 years (Latest 2010-11 SRS), an improvement of 1.8 years for male and 3.2 years for female respectively in the country as a whole over 11 years from 1993 to 2006. The same in Bihar is 0.6 for males and 0.7 for females over 5 years. Four key developmental indicators i.e. economy, educational environment, nutritional status and political commitment of long term contribute to life expectancy. The crime, economic conditions, education, and the built environment are strongly linked with life expectancy at the neighbourhood level. Doubling annual pharmaceutical expenditures adds about one year of life expectancy. Besides, fruit and vegetable consumption, home ownership, employment, percentage of population with an automobile have positive correlation with life expectancy and Poverty, alcohol consumption & fat consumption, smoking behaviour and crime rates have negative effect.

## **2.2 *Outcome and Key Indicators***

Indicators	Current status as on latest Available data	Cumulative Target for next five years	Target 2013-2017				
			2013	2014	2015	2016	2017
Maternal Mortality Ratio (MMR)	261(SRS2007-09)	<100	219	189	159	129	<100
Infant Mortality Rate (IMR)	44 (SRS 2011)	<27	43	38	33	30	<27
Total Fertility Rate (TFR)	3.5(SRS2012)	2.7	3.4	3.3	3.1	2.9	2.7
Malnutrition (children under 3 years)	58.4% (NFHS-3)	<30%	49%	42%	37%	33%	<30%
Anemia (All women 15-49 years)	68.3% (NFHS-3)	34%	57%	49%	43%	38%	34%
Life Expectancy at Birth	M – 65.5yrs F- 66.2 yrs (SRS 2011)	M- 68.6 yrs F-68.7 yrs	--	--	----	----	M- 68.6 yrs F-68.7 yrs
Sex Ratio	918 (Census-2011)	940	918	923	928	934	940
Child Marriage (marriage before 18 yrs)	23 (AHS 2010)	12%	19%	18%	16%	14%	12%

## 2.3 Activities/Strategic Interventions

### 2.3.1 Output indicators monitored at Mission Level

Sl. No	Indicator	Activities	Target			
			2013-14	2014-15	2015-16	2016-17
1	Infant Mortality Rate (IMR)	No of Facilities providing newborn care services	600	800	1000	1200
2		Percentage of Home Visits conducted by ASHA for mother & Newborn.	40%	50%	55%	60%
3		Percentage of Fully immunized children	70%	80%	85%	90%
4		No of facilities having Skill Laboratory	26 (existing ANM/GNM school +32 skill lab for onsite mentoring)	48 (PHC)+3 RMNC+A unit -HPD	200 (PHC)+7 RMNC+A unit -HPD	253 (PHC)+26 ANM/GNM school
5		Percentage of newborn breastfed within one hour of birth.	50%	60%	65%	70%
6	Maternal Mortality Rate	% 3 ANC ( Ante Natal Check-up)	75%	80%	85%	90%
7		% of Institutional Delivery	60%	65%	70%	75%
8		Percentage beneficiaries receiving JSY incentives	80%	85%	90%	100%
9		Percentage of mothers stay at health facilities for at least 48 hr	20%	30%	40%	50%
10		No of health facilities functional as First Referral Unit (FRU).	100	149	175	200
11		No of health facility operational as Maternal & Child Health (MCH) Centre	921	1488	1890	2247
12		Percentage of beneficiaries availing free Referral transport (JSSK).	60%	70%	85%	90%
13		No of Facilities providing Safe Abortion Services(MTP).	100	125	175	200
14		Percentage of Maternal Deaths Reviewed (MDR)	10%	15%	20%	25%
15	Total Fertility Rate	No. of Family Planning operation	580000	590000	602000	610000
16		No. of beneficiary adopting Post Partum-IUCD (PP-IUCD)	40000	80000	140000	220000
17	Malnutrition	% Severely Malnourished	73%	90%	95%	95%

		children admitted and cured in NRCs				
18		Percentage of newborn breastfed within one hour of birth.	50%	65%	80%	95%
19		Increase in coverage of ICDS services for children less 6 yr, Pregnant, lactating women and Adolescent girls	45%	60%	75%	85%
20		No. of AWC constructed (with Hand Pump and Toilet Facilities)	15%	50%	80%	100%
21	Anaemia	Percentage of adolescents receiving Weekly IFA supplementation through School	10%	65%	80%	100%
22		Enrolment and providing of IFA tablets to all pregnant and lactating women and adolescent girls at Anganwadi Centre	15%	65%	80%	100%
23	Sex Ratio	Number of Legal proceedings initiated against Ultrasound Clinic for doing sex determination	182	100	45	0
24		Number of payments in cases of Girls performing last rites under Kabir Antyeshhti Yojana (KAY)	-	100000	100000	100000
25		No. of properties being transferred/created (registered) in name of women (IAY+ house sites+ Land patta + Transfer registration)	216172	211576	226980	232384
26	Child Marriage	No. of eligible beneficiaries receiving payment under Mukhya Mantri Kanya Vivah Yojna	214355	307692	420000	550000
27		No. of GPs having High School	533	3500	6500	8000
28	Life Expectancy	% of beneficiaries receiving Old Age Pension	79%	90%	95%	100%
29		% of BPL families benefitted by Health Insurance scheme (RSBY)	60%	80%	90%	100%
30		Percentage of children screened and given health	42%	55%	75%	95%

		card in Nayee Peedhi Swasthya Guarantee Yojana (now Rastrya Bal Surakhya Karyakram)				
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### 2.3.2 Activities

#### Infant Mortality Rate

- a)** Providing quality newborn care at all facilities by operationalizing
  - Newborn Care Corner (NBCC) at all delivery points up to PHC level (current 484 to 1200 by 2017)
  - New born examined within 24 hours of birth to be increased progressively from the current level of 52.6% (AHS 2010-11) to 85%
  - Children with birth weight of less than 2.5 kg to be reduced from current 22.4% (AHS-2010-11) to 15%
  - Newborn Stabilization Unit(NBSU) at the FRUs (from current 6 to 300 by 2017)
  - Sick Newborn Care Unit (SNCU) at the District and Medical College Hospital level (from current 12 to 45 by 2017)
  - Survival rate of babies admitted in the SNCUs to be increased from current 75% to >90%
  - Children suffering from diarrhea treated with ORS /HAF (Home Available Fluid) increases from the current 49.3% (AHS 2010-11) to 80% along with Zinc.
- b)** Capacity Development of Medical Officers, Staff Nurses and FLWs under:
  - Navjaat Sishu Suraksha Karyakram (NSSK) (current 3520 to all MOs/Staff Nurses by 2017)
  - F-IMNCI (current 429 to all MOs/SNs by 2017), FBNC (116 to all MOs/SNs), NBCC (current 3651 to all MOs/SN by 2017) ,IMNCI (current 55000 to 165000 ANM/AWW/ASHA by 2017)
- c)** Establishing Skill Laboratory:
  - At District/Sub-district level and at Govt. ANM/GNM schools for up gradation of Skills of Health Workers by (from 8 to 44 by 2017)
- d)** Expanding the MAMTA workers scheme (using Vishesh Adayagi fund) :
  - Increasing the number of MAMTA workers from 4405 to 6700 Mamta workers at all facilities conducting deliveries
  - Mobilize families to keep mother and baby for at least 48 hours in the health facility
  - Counsel and facilitate mothers for Breast feeding, Immunization of Baby, ( BCG/Hep. B/Polio), Birth spacing and child Care
- e)** Universalized Postnatal Care (PNC) & intensive Breastfeeding counseling
  - Increasing the number of Home Visits by trained ASHA /AWW workers from 40% to 85% by 2017
  - Capacity building for Home Care of Mothers and Newborns by ASHA from current 39736 (47%) to 84066 (100%) by 2017. Department of Social Welfare to train all AWW by 2017.
  - Supply of adequate equipment, drugs kit and logistics to ASHA, AWW and ANMs
  - Ensuring assessment, management and referral of sick newborns by IMNCI trained workers by continuous supportive supervision and onsite correction of skills
- f)** Operationalization of Regular Clinic at HSCs by ANM and daily sick care at AWCs by an IMNCI (Integrated Management of Neonatal and Childhood Illness) trained field level workers.
  - Equip AWCs with drugs and logistics

- Continue the present drug supply to HSCs
- g) Strengthening Immunization activities to reach at least 90 % coverage
  - The percentage of fully Immunized Children 12-23 months to be increased progressively from current level of 64.5% (AHS 2011-12) to 90%.
  - Routine monthly immunization sessions (80,000 inhabitations)
  - Immunization Week in poor coverage areas
  - Measles catch up campaign, Pulse polio immunization, JE vaccination campaign
  - Ensuring availability of vaccines and logistics and maintaining cold chain
  - Strengthening social mobilization activities through ASHA, PRI, SHG, Kishori Samooh, School teachers Social Mobilization Network (SMNet) etc.
- h) Ensuring availability of Janani Sisu Surakhya Karyakram (JSSK) services
  - Free & cashless services to all pregnant women and sick neonates accessing public health institutions by providing drugs, diagnostics, treatment and food
- i) Strengthening Community Based Newborn and Maternal Care Services
  - Increasing the number of Home Visits by trained ASHA /AWW workers from 40% to 85% by 2017
  - Ensuring assessment, management and referral of sick newborns by IMNCI trained worker by continuous supportive supervision and onsite correction of skills
  - Ensuring postnatal visits up to 6 weeks by HBNC trained ASHA worker (6 times for institutional and 7 times for home delivery) and timely payment of incentives to ASHA worker. Supervision of HBNC activities of ASHA by ASHA facilitator, BCM, DCM and other block level supervisors.
  - Increasing the number of trained ASHA worker on 5,6 & 7 module of Home Based New Born care from current 39736 (47%) to 84066 (100%) by 2017
  - Supply of adequate equipment's, drugs and logistics to ASHA, AWW and ANMs
  - Strengthening Child Tracking and Infant Death Review activities at the community level
- j) Ensuring utilization of ORS-Zinc for diarrhoea management
  - Availing ORS and Zinc at the community level along with ASHA & AWW
  - Extensive IEC activities and Social marketing of ORS and Zinc by NGOs
  - Mandatory use of ORS and Zinc at the facility for management of diarrhea

## Maternal Health

- a) Universalize Quality of Ante Natal Care (ANC)
  - Organizing monthly ANC sessions (80,000 inhabitations) as part of Village Health, Sanitation and Nutrition Day (VHSND)
  - Mothers who have registered before 12 weeks to be increased progressively from the current level of 43.7% (AHS 2010-11) to 74.2%, atleast 3 ANC visit to be increased to 100% and Blood Pressure (BP) monitoring to be increased from 46.1% (AHS 2010-11) to 80%
  - Mothers who consumed 100 IFA Tablets to be increased progressively from current level of 10% (AHS 2010-11) to 50% to address Anemia during pregnancy.
  - Mothers who had full antenatal check-up to be increased from current level of 5.9 % (AHS 2010-11) to 55%
  - Testing of PW for HIV at MCH centres to be increased from the current 10.9% to 100%
  - Institutional delivery to be scaled up from current level of 47.7% (AHS 2010-11) to 90%
  - Monitoring Pallor, Blood Pressure to identify & treat /refer Anemia and Pregnancy Induced Hypertension (PIH) cases. Line listing of severely anemia Pregnant Women
  - Supply 17,000 VHSND KITs for ANMs annually
  - Ultrasound and Laboratory services at FRUs (L3 centers).
  - Capacity building of all ANMs for quality ANC and counseling during weekly meeting at PHCs

- b)** Universalize Skilled Birth Attendance (SBA)-Ensuring safe delivery
  - Operationalizing more number of delivery points with increased number of beds (as per IPHS) to retain mother and babies for at least 48hr (48hr stay after delivery at facility to be increased to 90% by 2017)
  - Skilled birth attendance to be raised from 53.5% (AHS 2010-11) to 90%
  - Level 1 centers (normal delivery, Birth spacing, OPD services) at SHCs and APHCs : current 84 to 1084 by 2017
  - 6 bedded Level 2 centers (Non-surgical assisted deliveries, Family Planning, Outdoor & indoor patient care) at PHCs/APHCs: 496 to 2247
  - L3 centers (Caesarian Section(CS) and Blood Transfusion (BT) services at DH/SDH/RH/CHC (56 to 548)
- c)** Other interventions
  - Ensure supply of equipment ,drugs and consumables for above facilities
  - Operationalizing blood bank/storage units catering to L3 (548) facilities
  - Increased trained MOs, Staff Nurses and ANMs on 21 days SBA programme (current 40% to 100% by 2017) and community monitoring of their performance
  - Incentive to SBA trained ANM for conducting safe and clean home Delivery between 6PM to 6AM.
  - Mukhya Mantri Jachha Bachha Raksha Yojana (MMJBRY) : To capitalize the contribution of private sectors for safe delivery in the state the MMJBRY will be launched on a on pilot basis in 3 higher Maternal Mortality regions (Bhagalpur, Purnea, Gaya division) in Public Private Partnership (PPP) mode for Normal Delivery, C-Section and Newborn Care.
  - Traditional Birth Attendants (TBAs) to be identified and trained. As institutional deliveries increase in the public health facility TBAs may be inducted as MAMTA as per policy guideline developed by GoB
  - Increase access to MTP services at Govt./accredited Pvt health facilities, humane approach & quality: Strengthening Yukti Yojana (Safe Abortion services)
- d)** Universalize Janani Shishu Suraksha Karyakram (JSSK)
  - Free referral transport : Arrangement of approx. 1000 ambulances @ one ambulance/100000 population in next two years and 1500 by the year 2017
  - Free services to all pregnant women and sick neonates accessing public health institutions by providing drugs, diagnostics, treatment and food.
- e)** Maternal and Neonatal Death Review (MDR)
  - To understand the social and medical causes of maternal deaths and take appropriate measures MDR will be rolled out across the state from 20% to 100% districts in next two years
  - Increasing percentage of maternal deaths reviewed to 70% by 2017.
  - Capacity building of block level (Medical Officers and Supervisors and Civil Society) investigators
  - Sensitization of all ANMs, ASHAs and AWWs on reporting of MDR
- f)** Community system (through SHGs/Kishori Samooh /CBOs) strengthening for
  - Identification of pregnancy complication and minimizing delay.
  - Reducing teenage pregnancies/child marriage
  - Reduction in Anemia and Malnutrition
  - Promote birth spacing for young couple and terminal methods for women over 30 years.
- g)** Operationalize Delivery Points at 1084 APHC/HSCs as Level-1, 2435 PHC as Level-2 & 548 FRU as L3
  - Procurement of equipment for LR, purchase of 2500 beds annually with drugs and consumables

- Operationalizing blood bank/storage units catering to L2 and L3 facilities
- Outsourcing for cleanliness, power supply etc.
- Deployment of HR & provision of JBSY (100%) and other incentives
- Increasing number of facilities providing Safe Abortion Services (MTP) to 170 by 2017.
- h) Improve PNC coverage**
  - Retaining institutional deliveries for 48 hours
  - Universalizing PNC at home through ANM, supported by ASHA/AWW (3 PNC visit within 10 days of child birth)
  - Ensure referral transportation in case of complications
  - Mothers who stay for > 24 hours following delivery in the institution to be gradually increased from 34.4% (AHS 2010-11) to 90%
  - Mothers who received postnatal care in first 7 days after delivery to be increased progressively from current level of 54.1% (AHS 2010-11) to 3 post natal care in first 10 days in 85%
- i) Capacity development of Medical and Paramedical staff**
  - Through imparting SBA & other trainings with quality parameters and strict adherence to protocols
  - Increasing the number of Doctors trained on EmOC from 68 to 444 by 2017, similarly number of Doctors trained on LSAS is 78 and target by 2017 is 454. Staff nurse, LHV and ANM trained on SBA is 39.8% and the target by 2017 is 100%.

## **Total Fertility Rate**

- a) Promote aggressively birth spacing methods through Post Partum (PP) and Interval IUD in all health facilities from 2% to 10% by 2017 .
- b) Increase Static Family Planning services facilities including Female Sterilization, Male Sterilization (NSV) and Post Partum Intra Uterine Devise (PPIUD) insertion
  - Increase static facilities from 570 to all facilities by 2017 up to L1
  - Increase number of FP camps
  - Increase number of Male Sterilization; Female Sterilization; and IUD insertions
- c) Increase the number of static terminal methods services (IUD & terminal methods ) in accredited Private nursing homes /Medical Colleges .
- d) Capacity building of Medical Officers and Nurses for Minilap and PPIUD
  - Rational nomination of doctors, training, rational deployment of trained MO
  - Empanelment by DQAC of Minilap service providers
  - Procurement of Minilap Kit
  - Performance appraisal of trained MO in Minilap by DQAC on monthly basis
- e) Recruit and build capacity of counselors for sex education, HIV/AIDS & STD and family planning at health facilities( 161 by 2017 and all 500 by 2022)
- f) Make available Oral pills & condoms through VHSNDs or in all villages through ASHAs and monitoring their use
- g) Establishment of High Schools at every Panchayat level (To educate girls as TFR is inversely related with higher education)
- h) Community system strengthening and awareness through IPRD (Information and Public Relation Dept.) vans mobilizing men for non-scalpel vasectomy
- i) Promote marriage of girls at correct age
- j) Organization of NSV Camps
- k) Accreditation of Private Providers for Sterilization Services

- Currently 100 private facilities have already been involved in family planning services .Total target is expected to reach 800 Private Facilities by end of 2017.
  - I) Organisation of IUD Camps in districts and sterilization services.

## Malnutrition

- a) Increase in coverage of ICDS services for children less 6yrs, pregnant, lactating women and adolescent girls from the current level of <70% to 85% by 2017.
- b) % of severely malnourished children admitted and cured in NRCs from the current level of 73% to 95% by 2017.
- c) Children whose birth weight was taken at birth to be increased gradually from the current 31.9% (AHS 2010-11) to 100%.
- d) New born breastfed within one hour of birth to be increased progressively from current level of 30.3% (AHS 2010-11) to 95%.
- e) Children (aged 6-35 months) exclusively breastfed for at least six months to be raised progressively from the current 28.5% (AHS 2010-11) to 60%.
- f) Increase in appropriate complementary feeding after 6 months in addition to breast milk from the current level of 61% (AHS-2011) to 100% by 2017
- g) Increase in percentage in babies receiving Vitamin A Supplementation in last 6 months from the current level of 61% (AHS-2011) to 90% by 2017
- h) Strengthening AWCs to deliver quality services for effective implementation of ICDS.
- Construction of AWC: The state has been planned to ensure funds from various sources including finance commission, MNREGA and GoI.
- AWC Up-gradation: State has planned to upgrade Anganwadi centres during to undertake predetermined activities of ICDS under the Nodal Anganwadi Center strategy.
- Increasing number of AWC constructed (with hand pump and toilet facilities) to 100% by 2017.
- i) Providing micronutrient fortified food to all children in AWC catchments with involvement of SHGs – Food Fortification Paper is in draft stage and other discussion also going on this topic
- j) Strengthening of Village Health, Sanitation and Nutrition Day (VHSND) in all AWCs

The strategy of the department is to involve AWWs and Supervisors in the joint micro-planning exercise with health workers to ensure that all AWCs and Hamlets have access to health services and its monitoring. VHSND platform will be used for counselling to PW and LW for increasing compliance

- k) Gram Varta – A community based approach to mobilize community using participatory, learning and action technique for improved nutrition, health and hygiene practices. This is a powerful tool to mobilize and sensitize community for their own health and well being.
- l) Sneh Shivir – Village Nutrition Counselling and Child Care Session to ensure quick rehabilitation of undernourished children.
- m) Social Audit
- n) Establishing 3000 Nodal AWCs across the nine priority districts of SWASTH to serve as resource centres at the Panchayat level (Uddepan Strategy)

It's a cluster approach where in every panchayat one AWC would be identified as NAWC and one additional worker will be placed in that centre ,who will provide mentoring support to the other AWWs of that particular panchayat. The Nodal Centre will also act as a resource centre in a Panchayat. The Nodal AWC is intended to create a better environment for the Anganwadi Workers with enhanced coordination, cooperation, support, peer-learning and diffusion of best practices within its area of operation. In the first phase, NAWC will be implemented in 9 districts, and subsequently, State will implement this Uddepan Strategy in a phase manner.

- o) Reforming data management system of ICDS and setting up Nutrition surveillance

State mandate to address malnutrition gets reflected in the state adopting the innovative Integrated Performance Management System (IPMS) technology wherein each child's malnutrition

status will be tracked. Thus the state government has given a top priority for continuous strengthening of monitoring and evaluation system through the collection of timely, relevant, accessible, high-quality information and to use this information to improve program functioning by shifting the focus from inputs to results and outlays to outcomes

Revised GoI led MIS roll out at state and District level: Bihar has now adopted the revised GoI MIS. The approach is aimed to increase the efficiency and effectiveness of the function through improved MIS and also to reduce the requirement to maintain multiple registers.

p) Campaigns for improving management of malnourished children.

The ICDS plan to provide weighing scales to all 91677 AWCs to ensure regular weighing of children. Rigorous monitoring for improving weighing efficiency of children (< 3 years) monthly and children (3-6 years) quarterly. 100% use of WHO' Growth Chart for girls and boys across the state. There will be a periodic monitoring of weighing efficiency as part of supervision visits to AWCs. Special attention will be given by trained additional AWW cum counselors for identification growth faltering and counseling of care givers especially on IYCF, lactation Support and Feeding during illness

q) Consumption of Iodized salt by population to 100% by 2017

r) Establishment of Nutritional Rehabilitation Centers at DH, SDH, FRU and BPHC level

s) Universalization of ICDS and improving the Nutritional Value of supplementary feed

The State already revised the norms for SNP. Decentralized procurement model already initiated. Universalisation of ICDS already initiated and department by 2015 will cover all the targeted beneficiaries.

t) Treatment of Sick Children (Diarrhoea, Pneumonia, Fever) at Community Level

Operationalization of Clinic at SHCs/ AWCs following standard protocols (IMNCI -Integrated Management of Neonatal and Childhood Illness) by trained field level workers. @ 50000 AWCs and 9000 SHCs

u) Introduction of Pentavalent Vaccine throughout the state ( vaccination against Diphtheria, Pertussis, Tetanus, Hepatitis B and H. Influenza vaccine ) by end of 2014

v) Improve the Nutritional Value of Mid-Day-Meal being provided to all school going children (up to 14 years), to reach approx. 2 crore children through Department of Education, GoB.

w) Community Based Management of Sever Acute Malnutrition (CBM-SAM) Children by providing ready to use therapeutic food. Presently being field tested in District Darbhanga., will be scaled up to cover all 38 districts by 2017

x) Universalization of PDS and ensure food security for all.

y) Promoting Food Fortification for micronutrient supplementation

z) Improving the coverage of bi annual Vitamin-A supplementation programme (VAS) from 90% to 100% by 2017

aa) Universalization of School Health Programme

## Anaemia

a) Strengthening Directly Observed Weekly consumption of IFA supplementation (WIFS) for Adolescent girls, Pregnant Women and Children :

- Weekly IFA supplementation through Schools with priority to girls in 10-18 years universalized by end of 2017 to ensure compliance

- All pregnant and lactating women and adolescent girls under an Anganwadi centre are enrolled and provided IFA supplementation

- Streamline IFA procurement and supply till villages, through AWCs/Schools

b) Promote Kitchen gardens

c) Promote half yearly anti-helminthic prophylaxis in hook worm endemic blocks.

d) Training and orientation on Anemia

- Capacity building of AWW/ANM to provide Nutrition Health education regarding sources of Iron and its requirement to pregnant and lactating women
- Prophylactic use of IFA tablets
- Dissemination of Guidelines on food fortification
- Developing Job-Aids and IEC material regarding causes and effects of anemia and dietary sources of Iron
- Establishing inter-sectoral co-ordination between ICDS and Health departments
- e) Anaemia control
  - Formation of State level Coordination committee comprising Health, ICDS and HRD department functionaries to facilitate convergence of activities in order to plan, execute and review IFA supplementation
  - Establishing a robust logistics and supply chain mechanism
  - Convergence of different sectors like ICDS, Health, Civil Supplies, Horticulture for kitchen garden and provision of incentive under NREGA for kitchen gardens
  - Implementation of School Anemia control programme throughout the state
  - Universalization of IFA supplementation to non school going Adolescent girls in all 38 districts
  - Strengthening the Public Distribution System (PDS)
  - Ensuring adequate food and nutrition intake for adolescent girls
  - Prevention and treatment of Malaria
  - Advocacy for food fortification and its availability at end user level

### Sex Ratio

- a) Legal enforcement of PC-PNDT act
  - As of now 1460 Ultrasound clinics are being monitored and necessary actions have been taken against 186 Ultrasound clinics, sealing 95 of them for violation of PC PNDT Act.
  - Monitoring will be intensified to cover all 1460 registered Ultrasound clinic by 2017
  - Capacity building through district level workshops will be organised for medical officers, lawyers and prominent NGOs across the state
  - Need to enforce law for personnel (doctors)
  - E-monitoring of ultrasound clinics
  - Monitoring of missing child
- b) Monitoring gender sensitivity in programming and health services e.g admissions in SNCU (M:F=70:30) , female friendly services ( presence of female worker when a male doctor examines
- c) Social awareness on gender equity through IPRD (Information and Public Relation Dept) vans
- d) Increase number (100000 every year) of payment in cases of Girls performing last rites under Kabir Antyeshti Yojana (KAY)
- e) Increase number of properties being transferred/created (registered) in the name of women (IAY+ house sites +land patta + transfer registration)
- f) Community sensitization for improving sex ratio at birth particularly in high risk villages and urban localities with special focus in 6 lowest Sex Ratio districts (Bhagalpur, Patna, East & West Champaran, Muzaffarpur and Darbhanga) .
- g) Integrating and monitoring Mukhya Mantri Kanya Suraksha Yojna and Mukhya Mantri Kanya Vivaha Yojna (Conditional Cash Deposit) to cover 13-18 girls (delaying marriage) in priority

followed by 6-13 years (schooling & delaying marriage) and all births (registration +Schooling +delaying marriage)

- h) Gender empowerment for enabling females to take part in decision making
- i) IEC programme on 'Care to Girl' campaign

### Child Marriage

- a) Reduction in Girls married below the age of 18 years from the baseline of 20.2% (AHS 2010-11) to 14%.
- b) Increase in mean age at marriage for girls from baseline of 17.6 Years (DLHS 3) to more than 18 years
- c) Universalize the Schemes addressing Child Marriage and related issues
- d) Enforcement of Child Marriage Restraint Act 1929
- e) Social awareness and community system strengthening to develop favorable environment for delaying marriage or at least consummation of marriage (UDAAN: Child Marriage & Dowry Prevention Scheme)
- f) Involving religious leaders and elected representative in respective constituents
- g) Integrating and monitoring Mukhya Mantri Kanya Suraksha Yojna and Mukhya Mantri Kanya Vivaha Yojna (Conditional Cash Deposit) to cover 13-18 girls (delaying marriage) in priority followed by 6-13 years (schooling & delaying marriage) and all births (registration +Schooling +delaying marriage)
- h) Increasing number of eligible beneficiaries receiving payment under Mukhya Mantri Kanya Vivaha Yojna to 1000000 by 2017.
- i) Increase number of GPs having girls high school from current 533 to 8000 by 2017.
- j) Investment in education and economic development for girls. New policies and programs will be introduced to provide opportunity for undergoing various vocational training programs like housekeeping, beautician, computer, sales management, tailoring, embroidery etc.
- k) Life skills education for girls will be introduced from middle school level enabling them to face critical and life threatening situations of day to day life
- l) Meena Manch: Towards addressing the high dropout rate of girls from formal education, an innovative concept of **Girls' club** named '**Meena Manch**' has been introduced in the upper primary government schools of state. Under the scheme all girl students will be forming a group for extra-curricular activities for personality and skill development. Also into participatory manner, Meena Manch looks after the enrolment of girls of their neighbourhood. Child Marriage is also a key issue of action for Meena Manch in state. Currently approx. 21323 Meena Manch are functional in various schools.
- m) BHAGIDARI (Pilot intervention): A pilot intervention implemented by WDC in association with UNICEF to develop women lead and managed safety net for preventing child marriage practice at family and village level. Intervention made with 5933 SHGs at 20 Blocks of Gaya, Nawada and Vaishali districts. 300 community cadres developed and capacitated to act as Community Resource Persons for facilitating delay marriage practice.
- n) UDAAN (Child Marriage & Dowry Prevention Scheme): UDAAN is the initiative of WDC for Child Marriage & Dowry Atrocity Prevention. The scheme talks about community led process as an immediate response against the phenomenon of early marriage is, quintessentially, an outcome of poverty, economic deprivation, gender stigma and illiteracy. Hence, the elimination of this pernicious practice can be achieved only when concerted efforts are made to alleviate poverty, economic deprivation, illiteracy and behaviour change together with strict enforcement of the legal provisions, and providing opportunity of integrated development. An interim plan of 1.91 crore against child marriage has been implemented by WDC.

- o) Sapnon Ko Chali Chhoone: Sapnon Ko Chali Chhoone (SKCC) is a joint initiative of Jagaran Pehel (a unit of News Daily Dainik Jagaran), UNFPA and Women Development Corporation, to empower young women enrolled in colleges of Bihar. The programme aims at capacity building of college students, both boys and girls, by creating a gender sensitive environment among them. It focuses on promoting self confidence and making them gender sensitive ,resulting in women empowerment and reduction of gender disparity in the state During the course of project activities, talented girls were selected through various competitions and observations as local champions to whom we call “**champions of change (CoC)**”. Leadership building cum felicitation workshop organized for these CoCs girls, who will further be nurtured as the local champions of change
- p) Rajiv Gandhi Scheme for empowerment of adolescent girls (RGSEAG) - SABLA: With the objective to improve the nutritional and health status of adolescent girls in the age group of 11-18 years and empower them by providing education in life-skills, health and nutrition, the Government of India introduced the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls - SABLA in November, 2010. The Scheme also aims at equipping girls with information on family welfare, health and hygiene, existing public services, etc., and to draw out-of-school girls into the formal or non-formal education systems. The focus of the Scheme is primarily on out-of-school girls. An integrated package of services — comprising nutrition and non-nutrition components — are provided to adolescent girls, the ‘Nutrition Component’ targeting out-of-school girls between 11 and 14 and all girls in the 14-18 age-group.

### Life Expectancy at Birth

- a) Creating social awareness and community system strengthening for conducive environmental development
- b) Prevention and Control of Non-Communicable Diseases (NCDs) e.g. HT, DM, Cancers, Lung Disease, Thyroide etc..
- Increasing taxes on tobacco and enforcing ban on tobacco consumption in public places
- Early detection and effective control of hypertension (HT), Diabetes Mellitus (DM) and Cancers
- Salt reduction in processed foods
- Screening for common and treatable cancers i.e cervical cancer, oral cancer, breast cancer etc.
- Care for elderly (Geriatrics)
- c) Continued reforms in economy, education, environment, nutritional status, crime, poverty, employment., home ownership and percentage of population with an automobile and better political regime
- d) Focused intervention up to 18yrs for girls
- e) Promote gender (women friendly) sensitive hospital services
- f) Doubling annual pharmaceutical expenditures (or purchase of generic drugs) and increasing fruit and vegetable consumption by 30%
- g) Promote reduction of Alcohol & Fat consumption
- h) Increase in % of BPL families benefitted by Health Insurance Scheme (RSBY) from current <60% to 100% by 2017
- i) Increase in % of beneficiaries receiving Old Age Pension from current 79% to 100% by 2017.
- j) Increase in % of children screened and given health card in Nayee Peedhi Swasthya Guarantee Yojana (Rastrya Bal Surakhya Karyakram) from current 42% to 100% 2017

k) Universalization and better implementation of Social development programs like SABALA, JEEVIKA etc

l) Strengthening health infrastructure

- Providing good maternal care, newborn and geriatrics care through family friendly hospital initiative
- Establishment of preventive geriatric clinics at all secondary and tertiary level hospitals
- Plans to increase the availability and use of antibiotic for infections in public sector are long term efforts to be pursued. Shifting to generic drugs may increase the availability of drugs even in the present budget allocation
- More involvement of the private sector and policies to engage the private sector for provision of health care services in PPP mode
- Segregation of PHCs for clinical services and APHCs for promotive and preventive services
- Ensuring proper utilization of services of the diploma and degree doctors
- Equity in distribution of health services

m) Ensuring Environmental improvement

n) Community participation

- Through RKS and VHSC for environmental improvement, basic hygiene and sanitation, improvement of health and nutrition

o) Ensuring Penetration of the convergence of ICDS, Health, PHED, Education, PRI to grass root level

p) New Initiatives

- Mobile based system to track/monitor services and utilization of IT more intensively for health, education, sanitation, nutrition etc.

## 2.4 Budget

Sl.no	Activities	Budget (in crores)			
		2014-15	2015-16	2016-17	Total
1	<b>Infrastructure</b> (upgrading of PHC to CHC, establishment of SNCU/NBCU, L1 center etc.)	177.91	204.59	235.28	<b>617.78</b>
2	<b>Human Resources</b> (Medical Officers, Specialist, ANMs, Staff Nurse, Paramedics etc.)	287.50	330.63	380.22	<b>998.35</b>
3	<b>Budget for other ongoing intervention</b> (drugs, consumables, equipments, diagnostics, capacity development, patent transport services etc)	82.22	94.55	108.73	<b>285.5</b>
	<b>TOTAL</b>	547.63	629.77	724.23	<b>1901.63</b>

**3**

## Education

### 3.1 *Introduction*

Bihar has historically been a laggard State as far as literacy level, especially among women, is considered. This has been on account of a large number of socio-economic factors. Poor access to schools, high levels of poverty and deprivation, low participation of girls and women in education and literacy, unequal access to hitherto deprived social classes, all contributed to this bleak scenario. It was in this context that priority was assigned to literacy among women 2005 onwards. The gains from the Akshar Anchal Yojana have been significant as Bihar recorded the highest decadal improvement in female literacy. The figure below captures the decadal change:

	Literacy 2001	Literacy 2011	Female Literacy 2001	Female Literacy 2011
BIHAR	47.00%	59.68%	33.12%	53.33%
INDIA	64.84%	74.04%	53.57%	65.46%

While the improvement over the last decade has been faster in Bihar than in the national average, Bihar continues to be at the bottom among States on Literacy. There are also inter-district variations in Literacy. The list of the best and the worst districts on the parameter of female literacy is placed below:

Best Districts on Female Literacy 2011		Worst Districts on Female Literacy 2011	
Munger	65.53%	Saharsa	42.73%
Rohtas	64.95%	Madhepura	42.75%
Patna	63.72%	Purnia	43.19%
Aurangabad	62.05%	Sitamarhi	43.40%
Siwan	60.35%	Araria	45.18%
Bhojpur	60.20%	Katihar	45.37%

### Elementary Education - Status

Sl. No.	Major Parameters	status 2005	Status 2012
1	School (Government and Aided)	52112	73591
2	Enrolment (Govt. and Aided)	14079124	20815632
3	Annual Average Drop Out (Primary)	11.36	5.71
4	Teachers (including aided)	146448	360081
5	Pupil Teacher Ratio (PTR)	96	58
6	School Buildings	49575	65130
7	Classrooms	143027	390714
8	Student Classroom Ration(SCR) including under construction	95	53
9	Common Toilets (At least one toilet)	27227	55919
10	Separate Girls Toilets	8292	53365
11	Drinking water	49050	65480

The Table above captures the significant change that has been made in the elementary education sector. It also highlights the need to move faster to comply with all the requirements of the Right to Free schooling and Compulsory Education Act 2009.

Total Habitations	112067
Habitations served with Primary School	108074 (96.5%)
New Primary Schools required	1896
Enrolment in Government/Aided Schools	20852026

Out of School Children		
Category	2001	2013
Total	45,75,692 (26%)	2,71096 (1.22%)
Girls	23,14,889 (29%)	1,22,875 (1.22%)
SCs	9,71,179 (29%)	73,773 (1.66%)
Minority (Muslims)		61133 (1.68%)

Percentage of children attending Schools		
Type of Government of School	ASER 2011	ASER 2012
Primary	50%	58.3%
Elementary	49.1%	55.5%

Improvement in Gross Enrolment Ratio at Upper Primary Level			
Year	Boys	Girls	Total
2007-2008	53	50	52
2008-2009	57	58	57
2009-2010	65	66	65
2010-2011	70	74	72
2011-2012	76	84	80

The Tables above bring out clearly the changes over the years. While there is a sharp decline in the number of out of school children, regularity of attendance is clearly an issue.

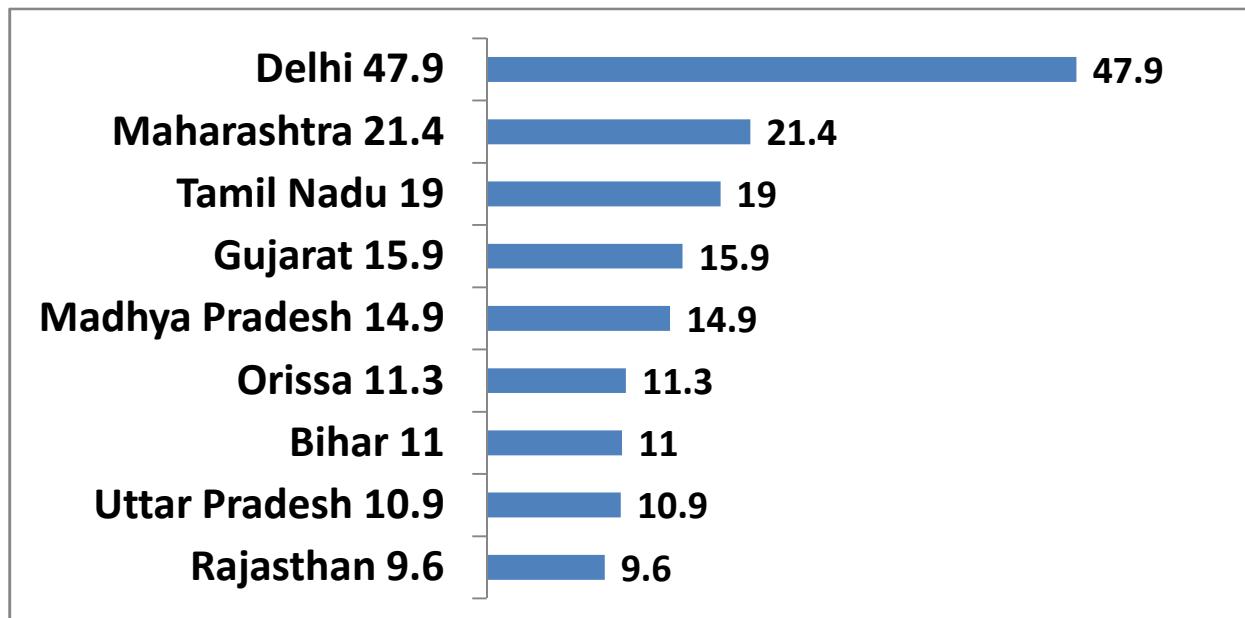
### Secondary/ Higher Secondary Education

Students Appearing in Class X Board						
Year	Boys	Girls	Total			
2005	373763 (67%)	186613 (33%)	560376			
2013	763861 (56%)	605594 (44%)	1369455			
Number of Students in Various Classes						
Year	Class - I	Class - V	Class - VI	Class - VIII	Class - IX	Class - X
2007-08	4667177	1872195	1242173			
2010-11	3584466	2480179	1700418	1213210	1059127	
2011-12	3342827	2861619	1958236	1341833	1255907	1138000

Analysis of the two Tables above lead to the following inferences –

- There has been a very significant increase in the number of students who appear at the Class X Board exam conducted by the Bihar School Examination Board.
- The enrolment of girls in secondary education has registered an unprecedented growth and the gender gap has been reduced from 67:33 in 2005 to 56:44 in 2013.
- In spite of this increase, of the 35, 70,635 children who joined Class I in 2002-03 only 11, 38,000 reached Class X in 2011-12. This comes to 32% from the 2002-03 Cohorts.
- There are 33.4 1akh children in Class -I, 19.58 lakh in Class VI, and only 11.38 lakh in Class X in 2011-12. This indicates that secondary completion is still only one third of the total enrolment. There is still a very long way to universal secondary completion.

#### GER in Higher Education



The Table above brings out the status of Higher Education in Bihar compared to the national average and to other States. Our Gross Enrolment Ratio is still lower than most States. There are issues of quality of education as well. The university system has come under pressure and there are complaints of the quality of education in them. Out migration of students from Bihar is taking place on a large scale. In fact, if one were to include the enrolment of students from Bihar in other State and Central Universities outside the State, perhaps Bihar's GER will appear better. Given the large young population in Bihar, it is very critical to provide opportunities for Bihar's youth to develop their fullest human potential.

There have been sincere efforts over the last few years. Academic institutions of national standard like the Chandragupta National Law University and the Chandragupta Institute of Management have come up. A new State University, the Aryabhata University has been set up. An IIT, up-gradation of Patna Engineering College to NIT, a Central University at Patna (to be shifted to Gaya and Motihari) have become functional. An International University has been set up in Nalanda and the construction and courses are likely to begin early. The State Assembly has approved the setting up of Private Universities and has also approved amendment of the University Act to recruit high quality faculty.

### 3.2 *Outcome and Key Indicators*

**3.2.1 Outcome Indicators:-** Suggestive Target & Timeframe on critical indicators in Elementary Education & Literacy

S. N.	Indicators	Present Status (Baseline 2012)	Target 2013-14	Target 2014-15	Target 2015-16	Target 2016-17
1.	Learning Achievement in Language/ Maths	44% Class V students can read Class – II books and 31% Class V students can do division.	75% Class V students can read Class – II books and 75% Class V students can do division.	75% Class – V students achieve 85% proficiency for that Class in Language and Mathematics.	75% students up to Class – VIII achieve 80% proficiency for that Class in Language and Mathematics.	85% students up to Class – VIII achieve 90% proficiency for that Class in Language and Mathematics.
2.	Attendance Percentage against enrollment	58% in Primary and 56% in Primary plus Upper Pr.	65% in Primary and Upper Primary (Sustainable)	75% in Primary and Upper Primary (Sustainable)	83% in Primary and Upper Primary (Sustainable)	90% in Primary and Upper Primary (Sustainable)
3.	Transition Rate of children – SC/ST/Girls/ Minorities	78.42% from Primary to Upper Primary. 80.81% for girls.	85% from Primary to Upper Primary.	90% for children in all categories.	91% for children in all categories.	92% for children in all categories.
4.	Pupil Teacher Ratio (PTR) in Elementary Education	58:1 based on enrolment.	50:1 based on enrolment. 40:1 based on attendance	45:1 based on enrolment. 35:1 based on attendance	42:1 based on enrolment. 32:1 based on attendance	40:1 based on enrolment. 30:1 based on attendance
5.	Student- Class Room Ratio in Elementary Education	79:1 based on enrolment.	70:1 based on enrolment. 60:1 based on attendance	60:1 based on enrolment. 50:1 based on attendance	50:1 based on enrolment. 40:1 based on attendance	45:1 based on enrolment. 35:1 based on attendance

### 3.2.2 Suggestive Target & Timeframe on critical indicators in Secondary/Higher Education

S N	Indicators	Present Status (Baseline 2012)	Target 2013-14	Target 2014-15	Target 2015-16	Target 2016-17
1.	Gross Enrolment Ratio (GER) of Class IX	All - 59.37% Boys - 56.98% Girls - 62.14%	All - 65% Boys - 63% Girls - 67%	All - 72.50% Boys - 72% Girls - 73%	80% for children of all categories	85% for children of all categories
2.	No. of girls of SC / ST / EBC/ Minorities passing class X <sup>th</sup>	All Girls - 4,14,279 SC Girls - 42,173 ST Girls - 4,508	All Girls - 4,90,000 SC Girls - 50,000 ST Girls - 5,000	All Girls - 5,65,000 SC Girls - 63,000 ST Girls - 5,500	All Girls - 6,40,000 SC Girls - 77,000 ST Girls - 6,000	All Girls - 7,15,000 SC Girls - 92,000 ST Girls - 7,000
3.	Gender Ratio of candidates appearing class X <sup>th</sup> Board Exam	56:44	55:45	54:46	53:47	52:48
4	Pupil Teacher Ratio (PTR) - Secondary/ Higher Secondary (A teacher for every group of 60 student in each subject)	99.88:1	80:1	70:1	65:1	60:1
5	Gross Enrolment Ratio (GER) in Higher Education	13.6%	15%	18%	22%	26%
6	Overall Adult Literacy					

### 3.3 Activities/Strategic Intervention

#### 3.3.1 Output indicators to be monitored at Mission Level

Sl.No	Indicators	Activities	2013-14	2014-15	2015-16	2016-17
1	Gross Enrolment Ratio (GER) of Class IX	Percentage of Gram Panchayats with Higher Secondary Schools	59%	75%	90%	100%
2	Gender Ratio of candidates appearing class Xth Board Exam	Board data on candidates appearing for exam	56:44	55:45	53:47	52:48

3	Gross Enrolment Ratio (GER) in Higher Education	Recruitment of teachers in Colleges and Universities				3300
		NAAC grading of 265 Constituent Colleges				265
		Private Universities in Bihar				20
4	Pupil Teacher Ratio in Elementary Education	Monitoring schools that comply with RTE in PTR	45%	70%	85%	100%
		Recruitment of teachers in schools as per RTE	67%	80%	90%	100%
5	Teacher Pupil Ratio in Higher Secondary	Recruitment of teachers to reach 60:1	10492	43492	75000	94000
6	Student-Class Room Ratio in Elementary Education	Monitoring SCR in schools as per RTE	45%	70%	85%	100%
7	No. of girls of SC/EBC/Muslim passing Class Xth	Number of SC/EBC/Muslim girls appearing for class Xth exam	593343	687268		
		Out of appeared SC/EBC/Muslim girls number of girls passing class Xth				
8	Attendance Percentage against enrolment	Full involvement of Vidyalaya Skiksha Samiti in attendance tracking.	65%	85%	95%	100%
		Cleaning of registers to ensure no double enrolment	80%	85%	95%	100%
		Provision of school infrastructure as per Right to Education Act.	50%	60%	70%	100%
9	Transition Rate of children – SC / ST /Girls/Minorities	Monitoring transition rate of SCs/STs/EBCs in schools with Tola Sevaks	19968	20000	20000	20000
		Monitoring transition Rates among minority girls in schools with Talim – i Markaj volunteers	6000	7500	9000	10000

		Buildings for all New Primary Schools	2053	248	6699	9000
		Attendance monitoring of children through Vidyalaya Shiksha Samiti	65%	85%	95%	100%
10	Learning Achievement in Language/Maths	Earmarked specially trained teacher for Classes -I and II and competency based groups in III, IV, V	60%	75%	90%	100%
		All teachers fully using 'Shikshak Saathi', bridge materials, progress cards for children, schools, teachers – tracking learning progress of every child.	65%	80%	90%	100%
		Fully developed internal system of support and assessment at the Cluster Resource Coordinator level backed by BRCCs and DIETs.	50%	70%	85%	100%
11.	Overall adult Literacy	Number of female literate				

### 3.3.2 Strategies

The State has been running the Akshar Anchal Program with State resources and support under the Sakshar Bharat Program of the Central Government. The Central Government supported Sakshar Bharat campaign has suffered due to inordinate delays in release of payment of honoraria to Preraks. Even then, Bihar has been the best performing State under the program accounting for 28% of the total learners who have been made literate, as per the certification done on the basis of tests conducted by the National Institute of Open Schooling. Bihar has developed a very talented pool of key resource persons in the literacy movement. Many theatre groups have also been developed in each district. The Sarva Shiksha Abhiyan engaged the theatre groups of the literacy movement recently to take the message of Right to Education in each of Bihar's 8405 Gram Panchayats.

The participation of girls in school has considerably improved over the last 7 years, thanks to the expansion of the school system, provision for uniforms and cycles, reservation of 50 percent teacher posts for women, 50% reservation for women in Panchayats, and a constant and continuous campaign emphasizing the equality of sexes and the need for promoting women's education and participation. The Self Help Group movement under the umbrella of Jeevika has also

contributed in creating a positive assertion of women's rights and entitlements. Its further expansion under the umbrella of the National Rural Livelihoods Mission will further strengthen the efforts at women's empowerment and literacy.

The experience with Mukhya Mantri Akshar Aanchal Yojana indicates that women are willing to participate meaningfully in literacy programs if the cultural context and mobilization through activities is well-established. Solidarities of women under the umbrella of the Mahila Samakhya program have also helped in developing social consciousness on the importance of literacy as a tool of women's empowerment.

It is also important to focus on the key social groups like Mahadalits, women from the Extremely Backward Castes and minorities in this process. Bihar has been a pioneer in developing non formal learning centres for mahadalits through Tola Sevaks and for minority girls through the Talim-i-Markaj centres. 20,000 Tola Sewaks and 10,000 Talim-i-Markaj volunteers' positions have been provided to ensure that each of the habitations with sizeable population of the deprived social groups is provided an opportunity for learning.

Exploring the quality issue, one finds that the dysfunctional teacher education institutions set limits to the efforts for quality improvement. No good quality initiative can do without vibrant teacher training institutions. After a long gap of many years, 52 Government Teacher Training institutions/DIETs have started a Diploma in Elementary Education and 4 Government B.Ed. Colleges have also started the course last year. The selection of Cluster Resource Centre Coordinators and Block Resource Persons had got routinized. The Department has recently completed a process of fresh selection of all CRC Coordinators and BRPs based on a well developed guideline. Some very good teachers have been selected through this transparent and open process as CRC Coordinators. Similarly, a process of selection of faculty of Teacher Training Institutions from Subordinate Education Service Cadre and from among teachers has also been successfully completed with assistance from expert organizations on assessing the competence of candidates.

### **3.3.2.1 Approach to Elementary Education: Suggestive strategies to achieve the Targeted Critical Indicators**

#### **1. Learning Achievement in Language/Maths**

- Recruitment of required teacher
- Training of untrained teachers
- Baseline learning achievement survey
- Full-fledged Head Master to be place in every Middle School.
- HM post to be created and filled in Primary Schools.
- Provide leadership training to all HMs.
- Training of BRCCs and CRCCs
- Assessment of teachers to identify training needs.
- Teacher training of dedicated teachers of class I & II.
- Subject specific training of upper primary teachers.
- Rigorous monitoring and support through BRCCs & CRCCs and all education managers.
- Adequate exercise books for all children of class I to VIII.
- Periodic assessment of students by teachers.
- Progress to be monitored through student progress card/CCE.
- Sharing of learning achievement with parents on quarterly basis.

- Additional materials i.e. library books, question banks etc.
- Parents to be taken into confidence - regular VSS meeting /PTM to be organised.
- Getting support from Azim Premji Foundation/Pratham India Foundation.

2. Attendance Percentage against enrolment

- Enrolment registers rectification.
- New attendance marking system implementation to be monitored.
- Teachers to seek students from the neighbouring areas.
- Ensure timely distribution of textbooks, uniforms, MDM and other incentives.
- Teachers to be made responsible for student attendance.
- HMs will be overall responsible for student attendance.
- VSS/PTM to focus on attendance and review the attendance on monthly basis.
- PRIs to be involved.
- Strengthening and involvement of Bal Sansad.
- Strengthening and involvement of Meena Manch.

3. Transition Rate of children – SC/ST/Girls/Minorities

- Providing access of upper primary classes.
- Co-curricular activities
- Creation of enabling environments in all the schools.
- Ensure equitable classroom transaction.
- Identification of dropout children.
- Special training for dropout children as mandated under RTE, 2009.
- No detention policy.
- Continuous and Comprehensive Evaluation (CCE).
- Sharing the utility of upper primary education with parents.
- Continuing student benefit programmes like uniforms, scholarships, exercise books, additional reading materials, bicycles etc.
- Making schools attractive with facilities, library, books, play materials, cultural activities, excursion tours etc.
- Education Volunteers to collect such children and escort them to and from the school.
- To see that 100% such children attend school.

4. Teacher Pupil Ratio in Elementary Education

- Recruitment of teachers (including subject specific teachers/HM) as per need.
- Rationalisation of teachers.

5. Student- Class Room Ratio in Elementary Education

- Construction of classrooms as per RTE norms.
- Ensure availability of land for building less school.
- Construction of school building in building less school.
- Repair & Maintenance of classrooms.

6. Percentage of children/women from Mahadalit/EBC/Minority covered by Tola Sewak/Talim-I Markaj volunteer in feeder area

- Education Volunteers to collect such children and escort them to and from the school
- To see that 100% such children attend school

### **Quality Education (GUNWATTA)**

Every Child in Bihar enrolled in Primary schools attains learning competencies of the class that he/she are in. Quality education serves the purpose including as below.

- To make dramatic improvement in learning outcomes
- To enable all children to improve language and mathematics learning
- To make teacher educators make a real difference to the classroom process
- To provide complete learning environment for all children
- To make teacher training institutions, BRCs, CRCs vibrant and effective
- To make use of improved school infrastructure to ensure learning
- To promote loud reading with understanding
- To undertake assessment of learning progress of children
- To assess schools and teachers systematically

### **Objective of Mission Gunwatta**

- Focus will be on children in classes I to V
- It will be a 5 year programme
- Special focus on language and mathematics learning
- In the first year 2013-14, special thrust on ensuring that children in classes III, IV and V are able to read textbooks of class – II
- In 2013-14, focus on children in classes I and II attaining competencies of their class
- Targets will be decided after assessing progress made each year.

### **Implementation Strategies**

- To ensure language and mathematics learning in classes I and II so that children move up the system with full preparedness
- To ensure that children in classes II, IV and V first and foremost, acquire the competencies in Mathematics and Language of class II so that further learning could be possible
- To organize special summer classes to ensure basic learning before the next session
- Primary role of school teacher, Head Master, CRC Coordinator, BRC Coordinator, DIETs, SCERT
- Developing excellence among specially selected CRC and BRC coordinators
- Earmarked teachers for classes I and II
- Thrust on on-site support to teachers for transforming classroom processes
- Teams of excellent resource persons at CRC level for some days- need based
- Training module for all levels of functionaries with well – defined roles
- Developing testing tools in training institutions
- Assessing learning progress of children
- Assessing performance of schools and teachers
- Use of bridge language material using local dialects
- Assessing current competency of children - testing is not a bad thing if it helps in self-improvement and collective outcomes
- Individual profiles of children and sharing them with parents
- Samajik Utsavs in schools every quarter to share progress with parents
- Residential training programs at all levels
- CRC Coordinators to work in schools for 15 days after training – linking theory with practice

- Separate teacher training for teachers of class I and II and for teachers of class III, IV and V
- Role of CRC Coordinators in granting leaves for teachers – prior permission
- Insisting on 75% attendance to qualify for assistance for uniforms, scholarships, cycle etc.
- Role for Tola Sewaks and Talim-i-Markaj volunteers.
- Clearly articulated role and responsibility for all stake-holders
- Support of institutions like Azim Premji Foundation and Pratham factored into the overall strategy document
- Practice and demonstrate by doing

### 3.3.2.2 Approach to Secondary/Higher Secondary Education

Hon'ble Chief Minister of Bihar announced on Independence Day 2012, the decision of the government to set up a Higher Secondary School in every Gram Panchayat of Bihar. There is a total of 8463 Gram Panchayats in the State. All Government aided and government up-graded High Schools number 3948. Beside this there are 980 private schools that receive grant in aid on the basis of student performance. All factors taken together, it is likely that the state will need to set up over 4500 Higher Secondary Schools.

The findings from the Sample Registration System (SRS) data of the Census of India on fertility clearly establish that, irrespective of the State, fertility rates reach replacement level (2.0) in case girls complete Secondary/Higher Secondary Education. For a state like Bihar with a Total Fertility Rate of 3.6 (2011), the best way to reduce high fertility is to promote higher secondary education completion among girls. It will also improve women's well-being, increase age at marriage, women's participation in the work force and help in reducing the adverse sex ratio.

Government of Bihar has taken major steps to promote girls education at the Secondary and the Higher Secondary level. From its own resources, the State provides for free uniforms to all girls in Class IX, X, XI, XII and cycles to all girls and boys in Class IX. Besides this, scholarship of Rs.150/- is provided to boys and girls from the SC, ST, EBC and OBC community, with income less than Rs. One lakhs. Clearly, the efforts of the State have been very significant and this has led to a major increase in Secondary/Higher Secondary Enrolment and reduction of the gender gap at that level. From a little over 2 lakh girls writing the Secondary Board exams in 2005, we now have over 6 lakh girls doing so annually. The number is increasing very fast and the gender gap is also narrowing down.

The State Government has already approved over 92,000 posts of Higher Secondary teachers and is in the process of setting up 1000 Higher Secondary Schools in the current financial year. It is proposing to set up a similar number of schools every year over the next four years. The current centrally sponsored scheme of Rashtriya Madhyamik Shiksha Abhiyan provided for a High School in 5 kilometre radius. The State Government shall make use of resources that will be available through RMSA and will need to substantially in the setting up of Higher Secondary Schools. Given the resource requirements, it is important to seek external assistance for the same as the resources are of an order that the State Government will find it difficult to meet from its current resources.

#### 1. Gross Enrolment Ratio (GER) of Class IX

- Providing access to Elementary graduate children.
- Establishment of High Schools in each Panchayat
- Ensuring timely distribution of incentives like Bicycle, uniform etc. to enhance girls enrolment
- Recruitment of adequate subject teachers as per requirement

- Making schools attractive with facilities, library books, play materials, cultural activities, excursion tours etc.

2. No. of girls of SC/EBC/Muslim passing Class X<sup>th</sup>

- Special incentive to attract maximum girls of SC/EBC/Muslim for completing class X
- Creating job opportunity after passing X<sup>th</sup>
- Establishment and making Model School functional in each EBCs.
- Establishing Girls Hostel in existing high school in each EBCs
- Basic schools made functional for education of life - skill development.
- Providing Incentives - Bicycle, Uniforms, Scholarship & Protsahan Rashi for X<sup>th</sup> passed girls.

3. Gender Ratio of candidates appearing class Xth Board Exam

- Providing Incentives - Uniforms, Scholarship & Protsahan Rashi for X<sup>th</sup> passed girls.
- Ensure equal opportunity to both boys and girls
- Awareness campaign to motivate parents as well as learners for understanding the benefit of education only at least the level of matriculation.

4. Teacher Pupil Ratio (A teacher for every group of 60 students in each subject)

- Adequate recruitment of subject wise teachers in high schools
- Rationalisation of teachers.

5. Gross Enrolment Ratio (GER) in Higher Education

- Developing infrastructural facilities in existing institutions for getting NAAC "A" grade for maximum colleges.
- Establishment of community colleges to bridge the wider gap.
- Introducing B. Ed. course in Constituent colleges.
- Setting up private universities.

### 3.3.2.3 Thrust on Special Groups

#### A) Educational Development of Mahadalits/EBCS

The State accords the highest priority to the education of children belonging to the Mahadalit community and the Extremely Backward Castes. The expansion of the school system has improved access to all communities. Special measures like the selection of Tola Sevaks from the Mahadalit community, conduct of residential bridge courses to bring children back to school, special non formal centers for children from deprived communities, and involvement of their parents in the school management committees has helped. Provisions of scholarships, Uniforms and cycle have also helped in the retention of children in schools.

The recent effort to engage 20,000 Tola Sevaks in school premises with the responsibility for children's education and women's literacy among Mahadalits and EBCs, is a very significant measure to improve the participation of children in schools. It will also create better access for parents in the management of schools. The presence of mahadalit women in school premises for literacy classes is a very powerful social message regarding access to hitherto deprived social groups in schools.

The State Government's scheme of Vikas Mitras from the Mahadalit community in every habitation of mahadalits also helps in improving access to schooling for these communities. Many schools are located in Mahadalit tolas. The State Government will consider acquiring land to construct school building in such Tolas where the school has opened in some other building.

**B) Educational Development of Minorities**

Bihar has a significant population of minorities (especially Muslims). They constitute approximately 16.5% of Bihar's population. The educational status of a large section of Muslims in Bihar needs focused attention. They are referred to as 'Pasmanda Muslims'. The educational advancement of girls and women belonging to the Muslim community is also a necessity for development to be inclusive. While there is significant presence of Muslims across the State, the following seven districts have a larger population of Muslims - Araria, Darbhanga, Katihar, Kishanganj, Purnia, Sitamarhi and West Champaran. It is for this reason that special thrust has been given to opening of primary schools, up-gradation of Primary to Upper primary schools, and setting up of Kasturba Gandhi Residential School, in these districts.

**C) Kasturba Gandhi Balika Vidyalaya**

The Government of India launched Kasturba Gandhi Balika Vidyalaya (KGBV) scheme ensures access and quality education to girls from disadvantaged communities through residential schools with boarding facilities at elementary level. In Bihar, 529 KGBVs are functional against the actual target of 535.

The KGBV scheme is implemented in coordination with other existing schemes, and in Bihar, it is implemented through the Mahila Samakhya (MS) Society in the districts where MS exists, and other districts by Bihar Education Project Council in collaboration with local NGOs.

In the State, all the KGBV centres follow the same strategy to provide the enrolled girls with hostels facilities, remedial teaching and life skills. While they learn upper primary level education curriculum at formal schools during schools operation period, the KGBV centres provide them with remedial teachers who support them to cope with the learning at schools and also facilitate them to gain life skills, ranging from critical thinking skills to bicycle riding.

**D) Support to Madarsas**

Government of Bihar, through the Madarsa Shiksha Board, provides grants in aid to 1128 Madarsas, including 9 Madarsa for girls. The support includes grant in aid for salaries of teachers. The Bihar Education Project provides textbooks, teaching learning materials, training support and school grants to these government recognized Madarsas. Mid Day Meal is also provided to the Children studying in these institutions.

The Government is also in the process of assessing the quality and standard of 2459 other unrecognized Madarsas to see whether they meet minimum standards for recognition. After due process, only those that meet the minimum quality standards will also be considered for financial assistance.

Central Government support is available only for 80 Science teachers in Madarsas. The State Government would like to avail of greater support from the Ministry of Human Resource Development for the modernization of Madarsas.

**E) Support to Minority Schools**

56 out of 108 non government grants in aid receiving elementary schools are minority elementary school. Grant in aid is provided for the teachers and the non teaching staff of these institutions.

The Government of Bihar provides grant in aid to 72 non-governmental minority secondary schools. Grant in-aid covers the salary of teaching and non teaching employees of these institutions.

#### **F) Appointment of Urdu teachers in Elementary Schools**

Government of Bihar has given top priority to the recruitment of Urdu teachers in government schools as Urdu is the second state language. There are a total of 69,000 posts of Urdu teachers against which there are 33121 Urdu teachers at present. Recruitment against another 29,000 posts is currently under way. Considering the lower than vacancy availability of Urdu teachers who have cleared the minimum requirement of teacher Eligibility Test, the State is organizing a Special TET for filling up the sanctioned posts on 29 September, 2013.

#### **G) Special efforts for education of girls and literacy among Muslim Women**

The State Government, from its own resources, has started a very innovative school based program to ensure retention of girls from the Muslims community in schools and also to provide literacy to Muslim Women. The State has sanctioned 10,000 positions of Talim-i-Markaj volunteers to cover all habitations of Muslims that have sizeable population of girls not in school or significant number of women who are not literate. These volunteers are paid Rs. 3500 per month and their role is to bring girls from the Muslim community to school, provide remedial and supplementary learning support to these girls in the school premises from 3 pm to 4 pm and also provide literacy to women from the Muslim community in the school premises. 3593 such volunteers have already started teaching and the community is in the process of selecting their volunteers in other habitations wherever such a centre is required. The program is performance based and 100% regularity of attendance of girls and total literacy of women are specific responsibility assigned to the volunteers.

#### **H) Skill Development among adolescent girls from the Muslim community-The Hunar Program**

The State Government started the ambitious Hunar Program in 2008 for imparting skills to girls from the Muslims community. This was intended to bring 10-16 year old girls into skill development. In the first phase of the program 13,768 girls from the Muslim community were imparted skills at 298 centres in 7 trades-Jute production, Bakery and confectionary,. Certificate in Health of Rural Women, Early Childhood Care and Education, Diploma in Basic Rural Technology, Cutting, Tailoring and Dress Making & Beauty Culture. 11,345 girls, who successfully completed the program and were certified by NIOS, were provided assistance of Rs. 2500 for equipments to establish their trade.

Under Hunar-II, approximately 38,000 girls from the Muslim community, SC/ST and EBC are being covered.

The Department of Education has prepared a draft for re-designing the Hunar program with complete supervision by the Bihar Board of Open Schooling and Examination (BBOSE) to cover 1 lakh girls and more than 16 skills for which course material has been prepared by BBOSE for vocational education. It has tried to address the constraints after an objective assessment of experience with the earlier phases. Non Governmental Organizations will be associated after due certification in skill development. The Department of Education proposes to start the next phase from 15 August, 2013.

#### **I) Special Higher Education Institutions for education of Minorities**

The State Government has already provided land for setting up the campus of Aligarh Muslim University in Kishanganj. The State Government would like the institution to start functioning as early as possible. To facilitate the start of the University in the coming academic session, 2 Minority Welfare Hostel buildings are being handed over to the University very shortly to start courses.

The State Government has also allotted land for the Mulana Mazharul Haque University. There are some legal issues that have come up and the same are being sorted out. In the meanwhile, the University has been provided rented space in the Haj Bhawan.

The State Government also supports Colleges for minorities with grant in aid. A few minority Colleges have also become Constituent (Millat Collage Darbhanga).

### **3.4 Budgetary Implication (in crores)**

<b>Description</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
Elementary Education Plan	4130.34	6000	7000
Elementary Education Non Plan	6231.26	8000	10000
Elementary Education Extra Budgetary	3000.00	4000	5000
Secondary Education Plan	1344.36	4000	5000
Secondary Education Non Plan	1668.77	3000	3500
Higher Education Plan	397.00	3000	3500
Higher Education Non Plan	3179.39	3500	4000
Literacy Plan	211.00	400	600
Literacy Non Plan	12.32	50	100
<b>Total</b>	<b>20174.44</b>	<b>31950</b>	<b>38700</b>

*Note:- Proposed budget for the financial year 2014-15 to 2016-17 is Rs.90824.44 Crores*

As is clear from the Table above, even though the State Government spends 20 percent of its budgetary resources on education, there is still a large gap in provision. Over 7000 new Primary School buildings and more than one lakh additional classrooms have to be constructed to meet basic learning needs as per the Right to Education Act. Similarly additional recruitment of teachers requires to be done on a much larger scale. The pay and allowances of Panchayat teachers is also likely to keep increasing steadily over the coming years. All this will require even higher allocation for elementary education. While detailed year to year exercise of financial resource need, will take some time, it is expected that the State may have to double its expenditure on elementary education from approximately Rs. 10,000 crores a year to approximately Rs. 20,000 crores a year. With over 2 crores in the elementary school education system, this will mean a per child cost going up from approximately Rs. 5000 per annum to about Rs. 10,000 per annum at current prices.

In the literacy sector, to achieve the objective of being in the top ten States on literacy by the 2021 Census, the State will have to significantly increase expenditure on literacy programs from the current approximately Rs. 250 crores a year. This will need to go up approximately Rs. 1000 crores a year to be able to reach every non-literate woman in the State.

In the Secondary Education sector, for a Higher Secondary School in every Gram Panchayat, provision of infrastructure and teachers has to happen on an unprecedented scale. From the

current spending of approximately Rs. 3000 crores per annum the requirement will be about Rs. 10,000 crores per annum in the coming years.

In the Higher Education sector, large scale investment will have to be made. This will entail substantial increase from the current level of spending of approximately Rs. 3500 crores per year. Higher Education will also need approximately Rs. 10,000 crores per year to meet the large learning need of a very large young population in the State. While private provision will enlarge access to those who can afford, government will need to step in to ensure provision for all as per need.

## 4

# Drinking Water and Sanitation

## 4.1 *Introduction*

According to estimation, unsafe water and lack of basic sanitation & hygiene every year claims lives of more than 1.5 million children less than five years of age from diarrhoea globally. Apart from those who die, many more children are affected otherwise also. Millions more have their development stunted and their health undermined by diarrhoeal or water-related disease. As per the WATSAN (Water and Sanitation) Update 2010, provided jointly by WHO & UNICEF, use of improved sources of drinking water is high globally, with 87% of the world population and 84% of the people in developing regions getting their drinking water from such sources. Even so, 884 million people in the world still do not get their drinking water from improved sources, almost all of them in developing regions. On the other hand, improved sanitation facilities are used by less than two third of the world population. The global picture masks great disparities between regions. In developing regions, only around half the population uses improved sanitation. Among the 2.6 billion people in the world who do not use improved sanitation facilities, by far the greatest numbers are in India.

India has made substantial progress in improving the WATSAN scenario in the country in last 2 decades. Statistics inform that India is on-track in achieving the MDG target for sustainable access to safe drinking water. The overall proportion of households having access to improved water sources increased from about 68.2% in 1992-93 to 84.4% in 2007-08. The urban coverage has increased to 95% from 87.6% during the same period. The growth in rural coverage however is no less significant, being 79.6% in 2007-08 against 61% in 1992-93. Access to improved sanitation facilities has not been quite impressive during the last decade. India, one of the most densely populated countries in the world, has the lowest sanitation coverage. Given the target for reducing the proportion of the household having no access to improved sanitation to 38% by 2015, the proportion of households without any toilet facility declined from about 70% in 1992-93 to about 51% in 2007-08. However, the rural-urban gap in access/use of sanitation facility continues to be very high. 69% of rural households do not have toilet facilities against 19 % of urban households as per census 2011.

As per NFHS-3 (2005-06), 96% of households in Bihar use an improved source of drinking water (97% of urban households and 96% of rural households), with the vast majority of households (92%) getting their drinking water from a tube well or borehole. Even in urban areas, 76 percent of

households get their drinking water from a tube well or borehole. Only 2 percent of households have water piped into their dwelling, yard, or plot. The IMR of the state, according to SRS 2011 is 44 per '000 live births and MMR is 261 per lakh (SRS 2009). The Survey further informs that 75% of households have no toilet facilities, down from 83 percent at the time of NFHS-2. More than four-fifths (82%) of rural households have no toilet facilities, compared with 31 percent of urban households. However, a lot of efforts, in terms of time & resources have been made in last several years under **National Rural Drinking Water Programme (NRDWP)** and **Nirmal Bharat Abhiyan (NBA)** to change the watsan scenario in the state and which has shown encouraging initial success.

## **4.2    *Outcome and Key Indicators***

#### 4.2.1 Drinking Water - Rural

S. No.	Indicator	Target					XIIIth 5-year plan period (17-22)
		Current Status	13-14	14-15	15-16	16-17	
1	<b>Coverage of Habitations</b>						
i	Enhanced Entitlement as per 55 Ipcd (litre per capita per day) (Total no. of habitations- 1,07,642*)	64,585 (60%)	69970 (65%)	75350 (70%)	80730 (75%)	86110 (80%)	107642 (100%)
2	<b>Coverage of Quality Affected Habitations*</b>						
i	Arsenic affected habitations (No.1,590) as on 01.04.2010	809 (51%)	954 (60%)	1,113 (70%)	1,352 (85%)	1,590 (100%)	
ii	Fluoride affected habitations (No. 4,157) as on 01.04.2010	2,073 (50%)	2,286 (55%)	2,702 (65%)	3,118 (75%)	3,533 (85%)	4,157 (100%)
iii	Iron affected habitations (No. 18,673) as on 01.04.2010	9,024 (48%)	9,897 (53%)	10,823 (58%)	11,764 (63%)	12,698 (68%)	18,673 (100%)
3	Coverage of Primary/Middle schools with additional hand pump (70,158)	14,050 (20%)	21,000 (30%)	35,000 (50%)	52,600 (75%)	70,158 (100%)	
4	Coverage of Anganwadis with hand pump (91677)	13,800 (15%)	23,000 (25%)	46,000 (50%)	68,800 (75%)	91,677 (100%)	
5	Coverage of Households with Piped Water Supply	4%	5%	6.5%	8%	10%	20%

\* Nos. of habitations and actual coverage may change after re-survey of the habitations.

#### 4.2.2 Drinking Water (Urban)

S. No.	Indicator	Target					XIIIth 5-year plan period (17-22)
		Current Status	13-14	14-15	15-16	16-17	
1	Coverage of water supply connections (2370584 HHs)	1008214 (43%)	1082529 (46%)	1208043 (51%)	1399760 (59%)	20,61443 (87%)	3010642 (100%)
2	Per capita supply of water – 135 lpcd (Municipal Corporation & Councils)		681023 (7.6%)	2409255 (26.8%)	3,32,557 (37.1%)	72,15,115 (80.3%)	1,14,10,394 (100%)
3	Per Capita Water Supply – 70 lpcd (Nagar Panchayats)		39,027 (1.4%)	76,843 (2.7%)	76,843 (2.7%)	4,34,441 (15%)	36,42,276 (100%)

#### 4.2.3 Sanitation

Sanitation program in the state is guided by the national flagship programme Nirmal Bharat Abhiyan (NBA) and state sponsored Lohiya Swachhata Yojana (LSY) for rural areas and National Urban Sanitation program for urban areas for emphasis on improving slum sanitation.

As per reports till January 2013, State has been able to construct about 40% toilets (54% BPL & 21% APL) against the total target of 1,11,71,314. Similarly about 83% school toilets and 32% anganwadi toilets have been constructed against the target of 1,02,268 and 16,444 respectively.

Although in school toilets the progress is satisfactory, there is a need to work hard to improve the construction of toilets in individual household. There is also a need to keep updated data on usage and maintenance of the structures created. Experiences show that merely presence of a latrine is no guarantee that people will actually use it, whether it's a household latrine or a school sanitary complex. Moreover, we have to ensure adoption and observance of safe hygiene practices like hand washing with soap & water before meals and after defecation and safe disposal of children faeces.

Besides the house hold latrines & school/anganwadi toilets, NBA intervention also includes solid & liquid waste management. Construction of garbage & soakage pits and drains are essential for achieving the status of *Nirmal Gram*, along with 100% open defecation free environment. There is still a long way to traverse for this, as only 217 (2.56%) out of the total 8,471 Gram Panchayats in the state have received the prestigious Nirmal Gram Puruskar till the year 2010.

#### 4.2.3.1 Sanitation Rural

S. No.	Indicator	Target					XIII <sup>th</sup> 5-year plan period (2017-22)
		Current Status	2013-14	2014-15	2015-16	2016-17	
1	Access to sanitation Facilities (Total no. of Households- 1,69,26,958 as per census 2011)	46,02,895 (27.2%)	57,41,000 (34%)	71,09,300 (42%)	86,32,700 (51%)	1,01,56,200 (60%)	1,69,26,958 (100%)
2	No. of Nirmal Gram Panchayats (Total Gram Panchayats-8,442)	217 (2.6%)	760 (9%)	1435 (17%)	2365 (28%)	3375 (40%)	6750 (80%)
3	No of Elementary Schools with sanitation facility (2unit) (70158 total schools)	54529 (77.7%)	70150 (100%)				
4	Anganbari toilet- 91677	7668 (8.4%)	13752 (15%)	22919 (25%)	36677 (40%)	55000 (60%)	91677 (100%)

#### 4.2.3.2 Sanitation - Urban

SN	Indicators	2012-13	2013-14	2014-15	2015-16	2016-17	2017-2022
1	Access to individual Household Sanitation (2370584 HHs)	14,74,458 (62%)	1599342 (67%)	1693730 (71%)	2370584 100%	2370584 100%	3010642 100%
2	Coverage of Sewerage network services - 100% HHs	-	15369 1%	174587 (7%)	341129 (14%)	1257235 (53%)	3010642 (100%)

### 4.3 Activities and Strategic Intervention

#### 4.3.1 Output indicators to be monitored at Mission Level

SINo	Indicators	Activities	2013-14	2014-15	2015-16	2016-17
1	Drinking Water (Rural)	Installation of New Hand Pumps	30,000	70,000	1,00,000	1,50,000
2		Rehabilitation of Hand Pumps	15,000	30000	45,000	60,000
		Number of defunct Hand Pump	20,000	25,000	25,000	25,000
3		Implementation of Schemes in Arsenic affected area	200	500	800	1100

4		Implementation of Schemes in Flouride affected area	250	700	1150	1600
5		Implementation of Schemes in Iron affected area	500	1500	2500	3600
6		New Piped Water Supply Schemes	150	350	600	800
7		Reorganization of existing piped water supply schemes:	50	125	200	300
8		Hand Pump in Anganwadi Centres	23,000	46,000	68,800	91,677
9		Additional Hand Pump Primary/Middle schools	6,000	21,000	31,000	40,300
10	Drinking Water (Urban)	Coverage of water supply connections (2370584 HHs)	1082529	1208043	1399760	20,61,443
11		Per capita supply of water – 135 lpcd (Municipal Corporation & Councils)	681023	2409255	3332557	7215115
12		Per Capita Water Supply – 70 lpcd (Nagar Panchayats)	39027	76843	76843	4,34,441
13	Sanitation (Rural)	Household with Sanitation Facility	57,41,000	71,09,000	86,33,000	1,01,56,000
14		Number of Nirmal Gram Panchayat	760	1430	2370	3400
15		Elementary Schools with Sanitation Facility (2 Unit)	70,158			
16		Anganwari Toilets	13,752	22,919	36,677	55,000
17	Sanitation (Urban)	Individual Household Sanitation Facility	15,99,342	16,93,730	23,70,584	23,70,584
18		Coverage of Sewerage network services	15,369	1,74,587	341129	1257235

#### 4.3.2 Strategies/Schemes

##### 4.3.2.1 Schemes for achieving Water Supply Target in 12<sup>th</sup> Five year Plan 2013-2017 (urban):

S.No.	Town/ ULB	Amount (in Rs. Cr.)	Scheme
1	Patna	477.00	JnNURM
2	Bhagalpur	465.00	ADB
3	Muzaffarpur	59.31	UIDSSMT
4	Khagaul	16.64	JnNURM
5	Danapur	70.18	JnNURM
6	Phulwarishariff	27.68	JnNURM
7	Bodhgaya	28.99	JnNURM
8	Gaya Water Supply	165.00	ADB
9	Ara Water Supply	99.23	JnNURM- II
10	BiharSharif Water Supply	86.22	JnNURM-II
	<b>Total</b>	<b>1495.26</b>	

#### 4.3.2.2 Schemes for achieving Sanitation Target in 12<sup>th</sup> Five year Plan 2013-2017 (Rural)

- IHHLs for BPL and identified categories of APL under NBA
- IHHL for other than identified categories of APL under LSY
- School Toilets separate for boys and girls and construction of Hand pumps.
- Anganwadis with toilet and construction of Hand pumps.

#### 4.3.2.3 Schemes for achieving Sanitation Target in 12th Five year Plan 2013-2017 (urban):

S.No.	Town/ ULB	Amount (in Rs. Cr.)	Scheme
<b>Ongoing</b>			
1	Begusarai	58.88	NGRBA
2	Munger	122.85	NGRBA
3	Hajipur	94.88	NGRBA
4	Buxar	52.05	NGRBA
5	Bodhgaya	92.75	JnNURM
6	Rajgir	43.69	State
<b>Under Planning</b>			
7	Gaya Sewerage	340.00	ADB
8	Muzaffarpur Sewerage	270.49	ADB
9	Purnea Sewerage	278.62	JnNURM- II
10	Katihar Sewerage	148.72	JnNURM- II
11	Kishanganj Sewerage	49.53	JnNURM- II
12	Siwan Sewerage	85.29	JnNURM- II
13	Gopalganj Sewerage	46.31	JnNURM- II

#### 4.3.3 Approach

Following approach will be integrated in ongoing **sanitation program** for achieving the enormous task.

- Achieving basic and improved levels of sanitation and water supply services will be accelerated;
- The least served would be better targeted, and thus inequalities will be reduced;
- Communities and vulnerable groups will be empowered to take part in decision-making processes;
- The means and mechanisms identified for Mission Manav Vikas would be regularly monitored. In light of the above Government of Bihar will integrate following approaches/methodologies in the ongoing program to realize the target set for the end of 12<sup>th</sup> five year plan.
- Community Mobilization- will be done for safe disposal of faecal matter to make open defecation free community with their active involvement.
- Communication & Capacity Building- Mass Media campaign electronic media means will be utilized to change the behavior of the people. Training imparted for Capacity building for departmental functionaries and other stakeholders.
- Technology Options- different technology options for toilet and safe disposal for solid liquid will be explored as per local situation users friendly.

- Convergence- implementation of scheme related to drinking water will be done in convergence with other department like Rural Development, Panchayati Raj, Health and Education.
- Operation and Maintenance- plan manual will be prepared for smooth function.
- Monitoring & Evaluation- integrated monitoring & Evaluation of water and sanitation, nutrition and health will be done for the efficacitance .

For **Urban areas** the approach will be different from rural areas. For **Sanitation** the approach would be:-

- Complete access to sewerage – sanitation
- Recycle and reuse of wastewater

For **Urban Water Supply** the approach will be:-

- Supply side management
- Demand side management
- Leakage Management and Reduction of Non Revenue Water
- Rain Water Harvesting
- Water Audit
- Water Use efficiency in Fittings / Fixtures

#### 4.3.4 Monitoring Level

Level of Monitoring	Interval of Monitoring	Source of Verification
Districts and Blocks	Monthly	<ul style="list-style-type: none"> <li>• Monthly MIS</li> <li>• Field officers visit</li> <li>• Field survey</li> <li>• Annual Report</li> </ul>

#### 4.4 Financial Implication

S. No.	Indicator	XII <sup>th</sup> Five Year Plan					XIII <sup>th</sup> Five Year Plan (2017-22)	Grand Total		
		13-14	14-15	15-16	16-17	Total				
<b>Rural Drinking Water Supply (Cr.)</b>										
1	<b>Coverage of Non Quality Affected Habitations</b>									
i	Enhanced Entitlement as per 55 LPCD	105.0	105.0	158.2	180.9	<b>549.1</b>	600.0	<b>1,149.1</b>		
2	<b>Coverage of Quality Affected Habitations</b>									
i	Arsenic affected habitations	144.0	160.0	240.0	240.0	<b>784.0</b>	0.0	<b>784.0</b>		
ii	Fluoride affected habitations	64.0	120.0	132.0	140.0	<b>456.0</b>	200.0	<b>656.0</b>		
iii	Iron affected habitations	150.0	165.0	182.0	200.0	<b>697.0</b>	900.0	<b>1,597.0</b>		

3	Coverage of Primary/Middle schools with additional hand pump	26.55	79.65	66.36	66.30	<b>238.86</b>	0.00	<b>238.86</b>
4	Coverage of Anganwadis with hand pump	40.00	121.20	121.20	131.30	<b>413.70</b>	0.00	<b>413.70</b>
5	Coverage of Households with piped water supply (70 LPCD)	250.0	375.0	375.0	500.0	<b>1,500.0</b>	2,500.0	<b>4,000.0</b>
	<b>Total</b>	<b>779.35</b>	<b>1125.85</b>	<b>1274.76</b>	<b>1458.5</b>	<b>4638.66</b>	<b>4,200.0</b>	<b>8838.66</b>

Towns	2012-13	2013-14	2014-15	2015-16	2016-17	Total (in ₹ Cr.)
<b>Urban Water Supply</b>						
Patna		190.80	286.20	-	-	477.00
Muzaffarpur & PUA	69.524	104.286		-	-	173.81
Bhagalpur, Gaya and 4 Municipal Corporation			290.97	436.46	-	727.44
Bodhgaya & Rajgir	15.136	22.704				37.84
7 Municipal Corporations, 15 Municipal Councils, 10 Nagar Panchayats		-	200.22	400.43	400.43	1001.09
Remaining 21 Municipal Councils		-	-	452.83	679.25	1132.08
<b>Total</b>	<b>84.66</b>	<b>317.79</b>	<b>777.39</b>	<b>1289.73</b>	<b>1079.68</b>	<b>3549.25</b>
<b>Total funds required in 5 years (2012-17) for Water Supply (excluding cost of on-going projects – 1172.81</b>						<b>2376.44</b>
<b>Remaining amount required for execution of Water Supply projects in Nagar Panchayats (75) in 2017-22</b>						<b>973.40</b>
<b>Total Fund Requirement – Water Supply</b>						<b>3349.84</b>

S. No. Indicator	XII <sup>th</sup> Five Year Plan					XIII <sup>th</sup> Five Year Plan (2017-22)	Grand Total	
	2013-14	2014-15	2015-16	2016-17	Total			
<b>Sanitation (Rural)</b>								
1	Access to Sanitation Facilities	523.50	629.42	700.76	700.81	<b>2554.49</b>	3114.54	<b>5669.03</b>

<b>2</b>	No. of Nirmal Gram Panchayats (NGPs)	130.88	157.36	175.19	175.20	<b>638.62</b>	778.64	<b>1417.26</b>
<b>3</b>	No. of Elementary Schools with sanitation Facilities	10.80	0.00	0.00	0.00	<b>10.80</b>	0.00	<b>10.80</b>
<b>4</b>	Anganbari toilet- 91677	3.56	6.46	9.69	12.93	<b>32.64</b>	25.85	<b>58.49</b>
<b>Total</b>		<b>668.74</b>	<b>793.24</b>	<b>885.64</b>	<b>888.94</b>	<b>3236.55</b>	<b>3919.03</b>	<b>7155.58</b>

	2012-13	2013-14	2014-15	2015-16	2016-17	Total (in ₹ Cr.)
<b>Sanitation (Urban)</b>						
Bodhgaya, Rajgir	54.576	81.864				136.44
Hajipur, Buxar, Begusarai, Munger		131.46	197.20	-	-	328.66
Katihar, Kishanganj, Purnia, Siwan and Goplaganj			300.04	450.06		750.10
Remaining 7 Municipal Corporations, 8 Municipal Councils and 1 Nagar Panchayats		-		1750.19	2625.29	4375.48
Fund required for toilets		213.30	160.46	1150.65		1523.41
<b>Total</b>	<b>54.576</b>	<b>425.63</b>	<b>657.70</b>	<b>3350.91</b>	<b>2625.30</b>	<b>7114.10</b>
<b>Total funds required in 5 years (2012-17) for Waste Water (excluding cost of on-going projects - 465.10)</b>						<b>6649.00</b>
<b>Remaining amount required for execution of Sewerage projects in 30 Municipal Corporation and 84 Nagar Panchayats in 2017-2022</b>						<b>3896.72</b>
<b>Total fund requirement - Sewerage</b>						<b>10545.72</b>

*Note:- Proposed budget for the financial year 2014-15 to 2016-17 is Rs.16207.64 Crores*

## 5

## Skill Development

### 5.1 *Introduction*

India is one of the few countries in the world where the working age population will be far in excess of those dependent on them and, as per the World Bank, this will continue for at least three decades till 2040. This has increasingly been recognized as a potential source of significant strength for the national economy, provided we are able to equip and continuously upgrade the skills of the population in the working age group. In recognition of this need, the Government of India has adopted skill development as a national priority over the next 10 years. The Eleventh Five Year Plan detailed a road-map for skill development in India, and favoured the formation of Skill Development Missions, both at the State and National levels

Economic growth rate of Bihar has been increasing rapidly specially due to better infrastructure since 2006. However, human development has not kept pace with it. Bihar is fortunate enough to have a positive demographic dividend. As per 2011 census, Bihar total population is 104 millions, out of which 40 millions are in the age group of 15 to 29 years and 20 millions in the category of 5-14 years who in near future will become employable workers. 60 percent of the rural population of Bihar is landless and depend on their labour for existence. Yet the existing skill baseline which determines the livelihood prospects of this youthful population remains quite unsatisfactory.

IIPA New Delhi, in its study on skill development commissioned by Govt. of Bihar reports that as on the date of survey in the age group of 15 to 29 years, only 0.3 percent are receiving formal vocational training and 0.2 percent have received formal training and 1-2 percent have received non-formal vocational training. On the other hand, national average for Formal Vocational Training is 2 percent and non-formal vocational training is 8 percent.

Needless to say that in industrially advanced countries formal vocational training ranges from 60 to 90 percent. Thus, India stands on the lowest rung internationally. Similarly, Bihar stands lowest in India in this regard. Hence, the need of the hour is to bridge the yarning gap in skill domain, both in formal and non-formal areas.

Keeping the above facts in mind, Govt. of Bihar has taken an initiative for a comprehensive Skill Development Programme in the State in a mission mode and has created "Bihar Skill Development Mission". The Chief Minister of Bihar heads the Governing Council and Development Commissioner, Bihar heads the Executive Committee of the mission. The mission has set out a target of training one crore youth for their skill development in five years (2013-14 to 2017-18).

The roles of line departments and the B.S.D.M have been defined clearly to achieve this target. The role of line departments is to identify the trades in demand, to select the trainees, to select quality training providers to monitor the training programme and to arrange the required budget. The role of B.S.D.M. is assessment of gap in skill demand & supply formulation of training curriculum & design of arrangement of equipments & training of trainers, identification of state resource centre, co-ordination with industries, identification of certifying agency and third party assessment etc. The mission is to:-

- Creation of one crore skilled man powers in 5 years.
- Coordinated holistic approach with different Department/Industries/ Training Providers/Financial Institutions/Organizations /NGOs etc.
- Skill up-gradation of labour force working in unorganized sectors through proper certification.
- Ensuring uniformity in duration, fee structure, cost, curriculum, assessment & certification.
- Reaching the unreached & the last man in the society.
- Integration of Employment Exchanges, Employers, Skill Providers/ Training Partners & Skill Aspirants through VTMIS.

Key identified livelihood sectors are:-

- Agriculture & Food Processing
- Construction
- Education

- Rural Industry
- Service Sector
- Security
- Retail
- Tourism & Hospitality
- Health
- IT & ITes

Target Groups for skill development training are:-

- Unemployed, unskilled, semi skilled, School pass out, School dropouts etc in 15 years + age group.
- Workers with informally acquired skill desiring certification.
- ITI Pass outs-Employed/Unemployed desirous of multi task skill addition.
- Rescued & Rehabilitated Ex-child Labour (Above 15 yrs. Of age) and their family members.
- Jail inmates, self help groups and those working in unorganized sectors.
- Those seeking self-employment.

## 5.2 *Outcome and Key Indicators*

An ambitious target of imparting Skill Training to ten millions youth of the state during the years 2013-14 to 2017-18 has been set out as and the year wise target is:-

Indicator	Physical Target (In lakhs)					
	2013-14	2014-15	2015-16	2016-17	2017-18	Total
Imparting Skill Development training to youths	16	18	21	22	23	100

## 5.3 *Strategic Intervention*

### 5.3.1. Output Indicators to be monitored at Mission Level

S.N	Indicators	Activities	2013-14	2014-15	2015-16	2016-17	2017-18
1	Imparting Skill Development training to youths	Training Provider Registered for Imparting Skill Development Training	4167	4688	5469	5729	5990
2		Seats Created (In Lakhs)	6.67	7.50	8.75	9.17	9.58
3		Person Imparted Skill Training (In Lakhs)	16	18	21	22	23

### 5.3.2 Strategies

The current skilling capacity in Bihar caters to less than 1.5 lakh youths on an annual basis, while the requirement is to train on an average 20 lakh youths per year in the next 5 years which require setting up of adequate number of training centres in the State. This needs large scale private sector participation in a sustainable manner.

Currently each department of the state is involved in getting their skill trainings at departmental level. 14 State Department's agreed upon targets for skilling over the next 5 years:

Under the current arrangements, there is limited formal engagement with the private sector for the employment of the skilled youth. The institutional capacity in the state is limited to carry out the targeted skilling objectives for an end-to-end implementation of the program from social mobilization to employment.

The state has also limited infrastructure to support training and skilling of this quantum. The state is also challenged by limited presence of Small & Large Scale Industries compared to other states. Its work-force is engaged pre-dominantly in the un-organized sector.

The set target has been distributed among fourteen line departments on yearly basis. The concerned departments have prepared their action plan for quality training with third party evaluation system and employability creation. The details are as follows:-

Sl. No	Name of the Department	Present Status	Yearly Physical Target (In Lakhs)				
			2013-14	2014-15	2015-16	2016-17	2017-18
1	Directorate of Training and Employment (Labour Resource Deptt.)	33529	3.25	3.66	4.27	4.47	4.67
2	Information	3,500	1.00	1.13	1.31	1.38	1.44
3	Rural Development	18,970	2.00	2.25	2.63	2.75	2.88
4	Health	4,568	0.20	0.23	0.26	0.28	0.29
5	Agriculture	10,222	3.00	3.38	3.94	4.13	4.31
6	Animal Husbandry	2,915	0.50	0.56	0.66	0.69	0.72
	Fisheries Directorate	1,682	0.10	0.11	0.13	0.14	0.14
	Dairy Directorate including COMFED	10,750	0.25	0.28	0.33	0.34	0.36
7	Minority Welfare	Nil	0.25	0.28	0.33	0.34	0.36
8	Urban Development	34,500	0.50	0.56	0.66	0.69	0.72
9	Education	41,453	1.50	1.69	1.97	2.06	2.16
10	Social Welfare	30,400	1.40	1.58	1.84	1.93	2.01
11	SC/ST Welfare	7,540	1.40	1.40	1.40	1.40	1.40
12	Science & Technology	1,273	0.50	0.56	0.66	0.69	0.72
13	Industry	204	0.80	0.90	1.05	1.10	1.15
14	Tourism	887	0.15	0.17	0.20	0.21	0.22
15	Home (Jail)		0.12	0.12	0.12	0.12	0.12
<b>Total</b>			<b>16.92</b>	<b>18.86</b>	<b>21.76</b>	<b>22.72</b>	<b>23.67</b>

Skilling, re-skilling, up-skilling and multi-skilling is focused in view of the future demand of skilled work force in *sunrise sectors*. Counterfeiting, forgery, duplication or cheating of any manner is proposed to be checked with the help of highly sensitive *Bio-metric gadgets*.

Well structured Labour Information Management System (LMIS) is proposed to be maintained at the state level having links with the training institutions, industries, employment exchanges, rained

persons & all other Stakeholders. Employment Exchanges will be developed as “Job Junction & Job Counseling Centers” to facilitate for both the job seekers & job givers.

#### 5.4 Monitoring

Besides a comprehensive monitoring system at state level by BSDM, Labour Resources Department in concern with line departments has constituted a district level committee headed by District Magistrate for close monitoring. District Employment Officer is the “Nodal Officer” and ITI Principals are the “Skill Development Managers” of the committee which meets on monthly basis to review the progress at the District level.

#### 5.5 Financial Implication

Financial Target (In Cr)					
2013-14	2014-15	2015-16	2016-17	2017-18	Total
1855.00	1925.00	2210.00	2375.00	2375.00	10740.00

- Out of total budget of 10740.00, 60 to 70% funds will be taken from different schemes of Govt.

*Note:- Proposed budget for the financial year 2014-15 to 2016-17 is Rs.6510.00 Crores*

## 6

### Protection for Ultra Poor and Weaker Sections

#### 6.1 Introduction

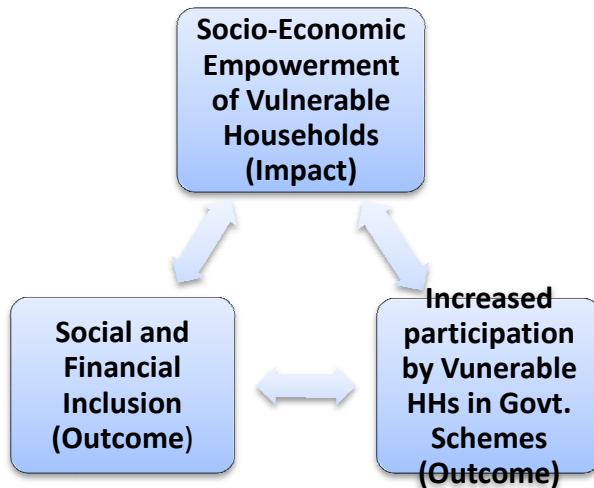
The weaker sections of the population include those belonging to Scheduled Caste (SCs), Scheduled Tribes (STs), Backward (BC) and Extremely Backward Categories (EBC) including minorities. The State Government has initiated large number of schemes for upliftment of weaker sections. These need to be continuously monitored to ensure that households of weaker section effectively participate in the development process.

However, there are certain groups which suffer from multiple vulnerabilities which need special attention. They may be classified as ultra poor. Ultra Poor is a group of people having extreme socio-economic vulnerability. It consists of people such as Street children, Kinnar, HIV positives, traffic victims, mentally challenged, lepers, people with high and multiple disability, beggars, resident of red light areas, orphan especially of asset less parents, children of unknown parentage and other such groups. On a broader scale it may include SC families without any house sites. Their vulnerability is such that they are not able to lead a normal life contributing effectively to the growth of the society. Their vulnerability is so high that they need special support even to access to the facilities and schemes offered by government for the upliftment of poor. Most of them suffer from a strong social stigma leading to total alienation from main stream society. At times they also suffer from severe identity problems. Access to institutional support to ultra poor is either not available or at times totally denied.

The Mission will focus on the rehabilitation of beggars in the State. The conditions of beggars are totally inhumane and they even struggle for their survival. They are deprived of all the needs that the human beings require to lead a good life like a citizen of the country. The number of beggars is increasing day by day due to acute poverty, lack of employment opportunities, unemployment in urban area, natural catastrophes as floods, droughts, accidents, human trafficking and domestic abuse especially of women, family conflicts leading to exclusion of older persons and other socio-

economic evils. Their dismal and distressed conditions need special support even to access to the facilities and schemes offered for the development of the ultra poor by the government.

To achieve socio-economic security for these sections through a slew of interventions and reforms under the broad based framework given below:



## 6.2 *Outcome and Key Indicators*

Within the three components, it is important to define key indicators to be monitored at the mission level. These indicators need to give a broad sense of progress towards the agenda of inclusion and economic upliftment of the ultra poor and weaker sections groups. At the same time, the indicators will be easily measurable and necessary monitoring mechanisms will be readily placed.

It is realized that mobilisation of the poor and overall investment per household from various sources are essential parameters that will be monitored at the highest level. Accordingly, following are the key indicators along with broad projections and targets, to be monitored at the mission level:

Indicators	Current Status	2013-14	2014-15	2015-16	2016-17
HH Mobilisation	1101420	1620000	6222000	8906096	11208032
SHG Formation	96785	135000	457500	654860	824120
SHG Credit linkage	55624	65000	343125	491145	618090
Households/ Families received 100 days of employment under MGNREGA		3000000	3200000		
BPL families benefited under IAY		605550	274981	316228	363662

% coverage of social pension to the disabled	42%	45%	52%	60%	70%
Rehabilitation of beggars from the state	214	1000	5000	10000	15000

### 6.3 Activities/ Strategic Intervention

#### 6.3.1 Output Indicators to be monitored at Mission Level benefited

S. N	Indicators	Activities	2013-14	2014-15	2015-16	2016-17
1	Social Inclusion of VHHs and Ultra Poor in SHGs Fold	Number of HH mobilized (In Lakhs)	16.2	62	89	112
2		Formation of SHGs (In Lakhs)	1.35	4.57	6.55	8.2
3		Formation of village organizations	6720	20066	34170	48012
4		SHGs linked with Banks (In Lakhs)	0.65	3.4	4.9	6.18
5		Number of Households/ families received 100 days of employment under MGNREGA	3000000	3200000		
6		Number of BPL families benefited under IAY	605550	274981	316228	363662
7	Persons with Disabilities (PWD)	Certification of disabled persons	40%	60%	90%	100 %
8		Eligible disabled persons provided with social security incentives	40%	60%	90%	100 %
9	Eradicating beggary from the State	Beggars identified and rehabilitated	1000	5000	10000	15000
10		Child beggars taken to children homes and enrolled in Schools.	1000	2000	3000	5000
11	Infrastructure	Establishment of Rehabilitation Home/Sewa Kutir	02	16	60	76
12		Establishment of Vocational training Centre	01	03	07	09

#### 6.3.2 Implementation Approach

The approach to be taken for the protection of Ultra poor and weaker sections emanates from the principle of community participation. The structure and strategy has been framed in such a way that over a period of time the activities under the project become completely community driven. The strategy that has been charted out for the social and economic development of the rural poor

household includes the element of empowerment of women and overall social and economic prosperity of the household.

There will be independence in selection of approach, strategy suited to the demand of the community and the autonomy to experiment the way it is thought of to be implemented. There is a marked shift from "Top to Bottom Approach "to "Bottom to Top approach". This development design will have the capacity to make a reach to the household level and impact it positively. An individual and its household will be the unit of development and thus all support structures will be put in place to ensure participative growth.

The efforts of the Mission is guided in the direction where community institutions develop themselves as role models and remain prepared for quality scrutiny of any kind. Keeping in view the Herculean task ahead, large investments have been made in building the capacity of the institutions so as to ensure efficient and transparent management of the community institutions. Investments also have been made to ensure that these institutions of the poor meet the statutory and fiduciary requirements of effective governance. Such investments have resulted in the creation of social capital thereby ingraining the technical knowhow at the grass root level. This further leads to mitigation of dependence on outside factors and thus ensures long term sustainability

### **6.3.3 Implementation Plan**

The Mission will follow the underneath plan to achieve the set targets mentioned above:

#### **6.3.3.1 Community Institutional Platform Mechanism**

The ultra poor and weaker sections households will be mobilized into strong institutions having collective voice and better bargaining power. With focus on inclusion of the ultra poor and weaker sections households will come under the fold of Community Based Organizations (CBOs- Self Help Groups i.e. SHGs, Village Organizations i.e. VOs, Cluster Level Federations i.e. CLFs, Beggars Associations etc.) formed under the programme. These institutions will serve as ready platforms for implementing various strategies under the roadmap to achieve the above mentioned indicators. As members of the CBOs, the most ultra poor and weaker sections households will have better access to institutional finance from banks and other formal sources which will help in mitigating extreme poverty. Also, mature CBOs will be better equipped to converge with various govt. departments to leverage benefits of welfare schemes. Thus, CBOs will be the platform to ensure that the scheme reaches to the eligibility of the HHs.

Some of the key strategies are mentioned below:

##### **a. Promoting Self Help Groups**

The SHGs of the poor would be promoted. While mobilizing the identified poor into the SHGs, priority would be given to the ultra poor and weaker sections like the SCs, the STs, the landless, migrant labour, isolated communities and households led by single women, beggars and people with disabilities etc.

##### **b. Formation of Village Organization (VO)/ federations**

Once a 10-15 functional SHGs are established in the village and micro plans prepared, the facilitation team will undertake promotion of primary federation of SHGs. The triggers for initiation of VO will be at least 8 SHG are functional with membership of 12 members, member of SHGs are doing regular weekly savings from last 3 month and SHGs are given training on VO concepts and they are ready to federate themselves.

##### **c. Formation of Cluster Level Federation (CLF)**

The functional 30-35 VOs are established in the Cluster, the facilitation team will undertake promotion of Cluster level federation of VOs. The triggers for initiation of VO will be at least 15- 20

VOs are functional with membership of 12-15 SHGs, EC of VO are doing regular monthly meeting from last 2 years and VOs are given training on CLF concepts and they are ready to become part of cluster level federation

**d. Livelihood Based Producer Groups**

Development of livelihood groups (Producer Groups) and their federations (Producer Cooperatives/Companies) will also be facilitated. The producer groups and their federations would derive membership from the base CBO unit viz., SHG. The livelihood groups would be provided support through customized training for village and block level management of enterprises, productivity enhancement, franchise management, quality enhancement and value addition skills.

**e. Bank Finance**

In order to bring different players achieve the aim of economic prosperity in the state of Bihar, Mission envisages to make significant strides in terms of building and nurturing quality institutions like that of SHG's and their Federations and linking it with mainstream financial institutions.

**f. Facilitating Access to Insurance Services**

To enhance a family's capability to cope with risks and shocks, the mission will ensure that the SHG HHs access insurance schemes. In this, the focus would be on ensuring access to government supported insurance schemes, livestock insurance and health insurance.

**g. Skill Enhancement and Jobs Promotion**

JEEViKA – State Rural Livelihoods Mission supported programme with its key principle of building skills of youth for the job market outside. The project will offer skill development trainings after counselling and matching the aptitude of candidates with the job requirements, and placed in jobs that are remunerative. Self-employed and entrepreneurial oriented poor would be provided skills and financial linkages.

**h. CBOs- A Platform for Convergence and Partnerships**

Development of any community takes place in an integrated way if the financial and social empowerment of a family is taken care of at the household level. The mandate of the Mission stands for the "Protection of the Weaker and Ultra Poor" of the community at large and household in particular. Thus Mission shall be paying attention to the issues of "Convergence" in the most meticulous way.

This brings to the fact that synergy is required amongst different programs and departments to achieve the end result. It will be important that Mission takes measures to ensure "Convergence" with different programs and departments of the state government. The process of convergence becomes all the more relevant because it shall be providing opportunity to all concerned departments to interact directly with stakeholders through the established institutional forum of community institutions. In essence convergence can be visualized in two ways in Mission;

- a) As supply driven, convergence can be facilitated at the planning and implementation level between SHGs/ VOs and different agencies.
- b) As demand driven, convergence can be facilitated between CBOs and different agencies for aggregated entitlements at the grass root level.

**i. Mobilisation of the Differently Abled:**

Recognizing the differently abled people as valuable human resource, the Mission will take up various initiatives to mainstream them. Specific provisions have been made in various rural development programmes aiming at their upliftment and under the mission, new initiatives will also be taken. Some of the examples are mentioned below:

**Right to Home and family**

To provide for and ensure social security of a differently abled child, the guardian will be facilitated in monetary terms for supporting the child at least till the age of 14, which can be extended till the age of 18 for special cases. This monetary support will be included as part of the disability pension allowance given to the child.

### **Education**

As per the provision under "Mukhya Mantri Balika Cycle Yojana" all girls would be given bicycles free of cost by the State Government after getting admission to Class IX and has worked well to encourage school going behavior. This scheme can be further developed to promote participation of differently abled children in school.

- Aids/Appliances needed by students as per their disability will be procured by the schools with the help of district administration within one year since the student enrolls in school.
- Provision for scholarships will be extended for all differently abled students attending school be it public or private in nature. Also the scholarship will be provided from the first year the student joins school.
- Educational institutions must be incentivized to retain at least 80% of differently abled students who enroll in the school till class 10. Such fund awarded to the educational institutions can be utilized for infrastructure development, with special focus on differently abled students.
- Special scholarships may be awarded to a girl child for promotion of higher education or self employment after she completes matriculation and graduation.

### **Certification**

- To improve coverage of differently abled members, provision will be made to empanel private specialist medical practitioners at Government hospitals. The specialization of medical practitioners can be a criterion to qualify her/him to certify the disability.
- Definition of differently abled will identify female child and orphans as extra ultra poor and weaker sections and special provision would be made.

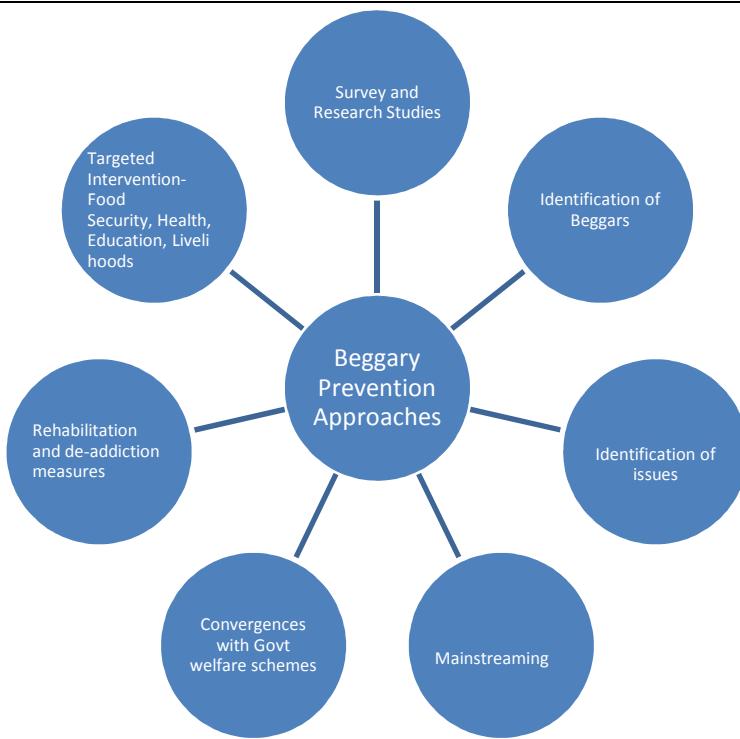
### **Multi Specialty Social Care Service Centre for Differently Abled and Older Persons**

The Social Welfare department will take the responsibility to mainstream all the differently abled and provide all the institutional support required. This will be done in convergence with the all the stakeholders. In addition to the aforesaid all the eligible widow and old age will be also access their entitlements and new initiatives will be taken by the department to ensure better coverage.

#### **6.3.4 Mukhyamantri Bhikshavriti Nivaran Yojna (MBNY)**

The Govt. of Bihar has introduced "Mukhyamantri Bhikshavriti Nivaran Yojna"(MBNY) publicly known as PAHCHAN 2008 - 09 with a vision to protect and promote the rights of beggars by ensuring their care, protection, development, socio-economic and cultural empowerment through enabling policies and programmes. Govt. of Bihar has established "SAKSHAM" (State Society for Ultra Poor and Social Welfare) within the Social Welfare Department for working on the issues of beggars. Apart from the implementation of other projects, the Society is fully accountable for the implementation of MBNY, the scheme to eradicate beggary from the State.

SAKSHAM has been piloting MBNY Scheme in Patna district since Jan. 2012 and has now extended to 7 more districts in 2013. A continuous field work exercises and interactions with the people involved into beggary and stakeholders were of great knowledge and understanding of the issues related to Beggary. An in-depth study and a practical welfare approach are needed to address the issue. Given below is the strategy adopted by the Society for the smooth implementation of the scheme.



The interventions are designed in such a way that each of the age groups as per their eligibility will be benefitted from the underneath schemes:

- Age Group (0-14 years): De addiction basic education, linkage with Parents, Schools & Children Homes.
- Age Group ( 15 -55): De addiction, Vocational Training and Placements for Employment
- Age Group (56 & above) : De addiction, Rehabilitation Home ( Food, Cloth, Care, Treatment etc

#### 6.4 Monitoring Mechanisms

All the indicators discussed so far have been chosen considering their relevance in the context of the most vulnerable households. The number of indicators to be monitored has been kept at the minimum possible to aid clarity in both implementation and monitoring. Effective implementation requires a credible database to work with. The ongoing Socio-Economic and Caste Census shall be instrumental in getting the relevant information.

Also, a category wise database of members will be generated in the process of SHG formation. Both these databases shall form the basis of planning and the databases of major govt. departments shall serve as an effective monitoring platform. NSSO survey data as well as targeted surveys by external agencies will be used to supplement the monitoring arrangements. Household's access to various govt. schemes would be effectively monitored through this platform and feedback loops will help in improving the implementation process. Dedicated tracking mechanisms will be placed to specifically track skill building and placement of youths within these households.

To establish credible data to facilitate measurement of the net contributions of the Department to its Incremental Income and the ongoing investment, panel survey is proposed. The Panel Survey will be helpful in determining the achievements by evaluating project performance on the annual basis.

**Periodicity of Monitoring:** On the monthly basis, departments will review the status of their schemes / activities mentioned in the strategy note.

## 6.5 Budget (Rs. in Crore)

Sl.No	Particular	2013-14	2014-15	2015-16	2016-17	Total
1	JEEVIKA	423	558	505	397	1883
2	Incentive for Project Faster Completion of Rural Housings	0	92	112	126	330
3	Multi Specialty Social Care Service Centre for Differently Abled and Older Persons	0	125	175	100	400
4	Rehabilitation and Mainstreaming of Beggars	3	5	9	11	28
5	Income Panel Survey	0	2	4	5	10
6	Setting up of Rural Management Institute	0	50	50	50	150
<b>Total</b>		<b>426</b>	<b>832</b>	<b>855</b>	<b>689</b>	<b>2801</b>

*Note:- Proposed budget for the financial year 2014-15 to 2016-17 is Rs.2376.00 Crores*

## 7

# Sports

## 7.1 Introduction

Today sports emerge as an important component of socio-economic development of a country. The active participation in sports improves community health and productivity, reduces medical expenses, imbibes discipline in character and enhances social cohesion. The execution of a mega sporting event helps in developing infrastructure, generating employment, securing inflow of foreign capital and thus contributes significantly to the economic development of a country. Therefore, it can be said that the impact of sports on the society is multi-dimensional.

Sports promotion is primarily the responsibility of the various National Sports Federations which are autonomous. The role of the Government is to create the infrastructure and promote capacity building for broad-basing sports as well as for achieving excellence in various competitive events at the national and international levels. The Sports Authority of India supports and nurtures talent in youth and provides them requisite infrastructure, equipment, coaching facilities and competition exposure for their overall development.

## 7.2 *Outcome and Key Indicators*

### 7.2.1 Outcome Indicators

Sl. No	Indicators	2013-14	2014-15	2015-16	2016-17
1	International Standard Stadium	01	01		
2	Stadium at block level	100	100	134	
3	Play Field	2000	2206	2200	2000
4	Indoor Stadium	02	04	03	
5	Stadium and Coaching Centre	09	15	14	
6	Sports Academy	01			
	<b>Total</b>	<b>2113</b>	<b>2326</b>	<b>2351</b>	<b>2000</b>

#### 7.2.1 Key expected outcomes would be :-

- (i) Physical and Mental Development.
- (ii) Efficiency enhancement through healthy and recreational activities.
- (iii) Achievement through skills in sports.
- (iv) Employment and income generation through performance in sports.
- (v) Exchange youth views and culture through national level sports competition/ programme.

## 7.3 *Activities and Strategic Intervention*

### 7.3.1 Output indicators to be monitored at Mission Level

Sl. No	Indicators	Activities	2013-14	2014-15	2015-16	2016-17
1	Infrastructure Development	Construction of International level Stadium	01	01		
2		Construction of Block level Stadium	100	100	134	
3		Construction of Sports Field	2000	2206	2200	2000
4		Construction of Indoor Stadium/ Gymnasium and Akhada	02	04	03	
5		Construction of Stadium and Coaching Centre	09	15	14	
6		Sports Academy	01			
7	Event Organisation	Organisation of National Level Games	3	9	9	9
8		Organisation of State Level Games	13	21	21	25

### 7.3.2 Strategic Intervention

#### 7.3.2.1 International/ National Stadium

Moin ul Haque Stadium, Rajendra Nagar & Patliputra Sports Complex, Kankarbag in Patna are two existing National Standard Stadium available in Bihar. At least two Stadiums of International standard are required in the State. Minimum 50 acres of G.M./Acquired/Donated land is required for International Stadium, Which should be located within 100-120 km. radius from State Head

quarters, so that the International competition would be organized comfortably. Roughly Rs. 300 crores is estimated for the construction. Plan to develop the Moin ul Haque Stadium to upgrade to national Standard Sports facilities would be made.

#### **7.3.2.2 Stadium at Block Level**

Decisions have been taken to construct one stadium each in each 534 block of the state. 200 Stadium are already sanctioned and stadiums in rest 334 blocks are to be sanctioned. Construction of Stadium can be on land of High School, available G.M. land, land donated by donor or acquired land.

#### **7.3.2.3 Play field at Gram Panchayat Level**

One play field each in all 8406 Gram Panchayat will be developed. Two thousand play fields will be developed on the availability of funds every year to achieve the target of 8406 Play Fields by 2016-17. Play Field will be developed on the land of High School/G.M./Acquired/Donated and play field will be named on the suggestion of the donor. Plan will be implemented on priority basis in co-ordination with the Education Department to identify the play field in High Schools. Rs. 5 Lacs expenditure is proposed for levelling of each play field barricading through plantation and levelling of the playfield will be made through MGNREGA or Forest Department Schemes.

#### **7.3.2.4 Indoor Stadium at Divisional Level**

One Indoor Stadium in each Division will be constructed, for which three acres land will be required. Land will be made available through donor/G.M. Land/Acquired Land. Stadium will be named as per the suggestion of the donor. Five crores funds will be required for each stadium. Funds will be arranged by the Government and the stadium will be constructed through Building Construction Department. Efforts will be made to maintain the stadium on the basis of Private Public Partnership. If not, it will be maintained by the Government.

#### **7.3.2.5 Sports Hostel along with Stadium and Coaching Centre**

There will be a sports hostel in each district along with stadium, coaching centre and with efficient coach. 50 players of each district will be benefited by this scheme. Kabaddi and Kho-Kho disciplines are sanctioned in Patliputra Sports Complex. Sports Hostel will be started in other disciplines also. About 4500 Sq. Feet area (GM Land/Donated/ Acquired Land) is required for sports hostel and about 1.5 crores will be the estimated cost. For the functioning of coaching centres approximate 60 lacs is required per year.

#### **7.3.2.6 Sports Academy**

200 talented players of the state having position in medal tally in different competition will be admitted to the Sports Academy for special training. At least 50 acres land (G.M. Land/Donated/Acquired Land) is required. 150 crore are required for the construction of Sports Academy and 5 crores are required for its maintenance. For the better functioning the post of Director, Deputy Director, Assistant Director and other posts in the establishment will be created and it will cost 5 crores per year. A committee will be formed and it will be registered under Societies Registration Act 1860.

#### **7.3.2.7 Expansion of Existing Scheme**

To support sports activity at the state level some new schemes are proposed on the one hand and on the other existing schemes needs to be expanded

(i) **Prize Money for Players:** - Medalist of the state (In National and International level competition) will get prize money. The medal holders in International competition will get 2 lacs, 1.5 lacs and 1 lac for Gold, Silver and Bronze medals, while the medalist of National level competitions will get 1 lac, 75 thousand and fifty thousand respectively

(ii) **Players welfare Fund**:- A scheme will be started to complete the Diploma in sports coaching course from Netaji Subhash National Institute of sports and other Government Sports Institutions for 30 players every year. The scheme of providing medical assistance and sports kit to the players will be extended.

(iii) **Participation Grant**:- The previous scheme of providing financial support to those players who are going to take part in International and National level competition will be extended.

The State Government will provide 100% participation fund for International competition to the players whose total family income is 5 lacs per annum and provide 75% participation fund whose total family income is above 5 lacs.

For National competition 100 percent participation fund will be given to the players whose total family income is up to 5 lacs per annum and 50% of total expenditure will be given if the total income of the family is above 5 lacs.

(iv) **Khel Samman Award**:- Every year the State Government honour the players of outstanding achievements of the State who brings laurels for the State in National and International competitions with cash award, certificate and memento. This scheme will also be extended.

(v) **Talent Scouting Scheme in Various Districts Schools/State level training camp**:- In 8 districts of Bihar Residential training centre is functioning. This scheme is to be elaborated with at least two centres in each district and the objective of the scheme is to groom the talent, efficient in both study and sports. The approximate functioning cost of the centres is Rs. 40 lacs per year per district.

State level training camp with advanced technical curriculum may be organized in selected 10 sports disciplines. The approximate cost to organize training camp is 60 lacs.

(vi) **Sports equipments**:- The essential sports equipment of each sports discipline (Individual and Federations) is planned to be purchased for better training and participation. Rs. 10 crore is the estimated cost for this scheme.

#### 7.3.2.8 Organising Sports Events

Government will organise events as well as participate in at District/State/National and International level:-

(i) **School Games**:- As per sports calendar the state team participate in the 30 National Level Sports Competition after the training camp of the players selected from the District, Division and State level competitions. Rs. 2 crores will be spent on the scheme.

(ii) **Women Sports**:- After conducting district, state level competition training camp is organized. Then the state team takes part in National level competitions. This scheme is to be extended and the estimated cost will be 1 crore.

(iii) **PYKKA**:- In collaboration with Central and State Government competition are organised from Block level to the National level. This scheme will be extended and the estimated cost will be 1 crore.

(iv) **Organization Grant**:- The Scheme of organization Grant to the federations is supposed to be extended. It is proposed to organize one National and one International level competition every year. The State Government provide Rs. 5 crore for the National level competitions organized by the federation and Rs. 10 crore for International level competitions. For other level competition Rs. 2 crore is estimated. Bihar State Sports Authority will be the organizer of School games, women sports and PYKKA competitions.

#### 7.3.2.9 Requirement of Human Resources

Out of 38 districts of Bihar only 15 districts have District Sports Officer. In remaining 23 districts the post of DSO's are vacant. Retired players will be appointed on contract basis for 3 years. For the assistance of DSO the post of one assistant, two data entry operator will be sanctioned. For conveyance one vehicle is required for each district. Player/technical persons will be appointed on contract basis for three years on newly created post. The estimated cost will be Rs. 3.5 crore per year.

### 7.4 Monitoring Mechanisms

To track the progress department will use internal tacking system

(i) **Sports Performance Index**:- The target of 10% increase in qualitative achievement of Sportsperson in next five years (2012-17). The qualitative achievement of Sportsperson means the marks obtained by all sportsperson calculated on the basis of their average achievements in various sports competitions i.e. Olympic affiliated games/ games selected by central govt/ Popular games in Bihar (list enclosed). Marks to be given to the players based on their performance in various level games.

Category of Tournaments	Gold	Silver	Bronze
International Tournaments (Conducted by I.O.C)	5000	3000	1000
National Games	500	300	100
National Championship (Senior, junior, sub junior)	500	300	100
Other Recognised National level tournaments conducted by federations	500	300	100

(ii) **Sports Participation Index**:- Marks of 1000, 100, 10, 1 will be given for participation in International /National /State/ District level games respectively. i.e. sub junior/ junior/ senior/ and other tournaments conducted by national sports federations / Games Conducted by IOA. Target of 10% increase in sports participation by the sportsperson has been kept for the next five years (2012-17). Sports participation index is cumulative marks for total participation by sportsperson from different discipline in various competitions.

(iii) Collection of data from Sports Associations will be done by Bihar State Sports Authority.

#### Period

Sl. No	Indicators	Period
1	Sports Performance Index	Annual
2	Sports participation Index	Annual
3	Construction of Sports academy by 2016	Monthly
4	Construction of International Standard Stadium by 2016	Monthly

## 7.5 Financial Implication

S.N.	Name of Scheme	Amount in Lakhs				
		2013 - 14	2014 - 15	2015 - 16	2016 - 17	Total
1	Construction of National / International level Stadium	1000.00	12000.00	14000.00	3000.00	<b>30000.00</b>
2	Construction of Stadium of Block level	2000.00	6500.00	9000.00	6220.00	<b>23720.00</b>
3	Construction of Play Field at Gram Panchayat level	10000.00	13236.00	15400.00	16000.00	<b>54636.00</b>
4	Construction of Indoor Stadium at Divisional level	200.00	1800.00	1900.00	600.00	<b>4500.00</b>
5	Prize Money	50.00	60.00	70.00	80.00	<b>260.00</b>
6	Players Welfare fund	40.00	50.00	60.00	70.00	<b>220.00</b>
7	Participation Grant	25.00	30.00	35.00	40.00	<b>130.00</b>
8	Khel Samman Award	30.00	35.00	40.00	45.00	<b>150.00</b>
9	Talent Scouting Scheme in Various District School/State level training camp	1580.00	1700.00	1800.00	2000.00	<b>7080.00</b>
10	Sports Hostel along with Stadium and Coaching Centre	450.00	3212.00	2165.00	-	<b>5827.00</b>
11	Sports Academy	3000.00	8000.00	4100.00	1000.00	<b>16100.00</b>
12	Sports Equipments	1000.00	1100.00	1200.00	1300.00	<b>4600.00</b>
13	To organise National and International level Competition	2100.00	2300.00	2500.00	2700.00	<b>9600.00</b>
14	Requirement of Human Resources	350.00	400.00	450.00	500.00	<b>1700.00</b>
		<b>Total</b>	<b>21825.00</b>	<b>50423.00</b>	<b>52720.00</b>	<b>33555.00</b>
						<b>158523.00</b>

Note:- Proposed budget for the financial year 2014-15 to 2016-17 is Rs.1366.98 Crores

## 8

## Information and Technology

### 8.1 Introduction

E-Literacy is the knowledge and ability to use computers and related technology efficiently.

The National Policy on Information Technology 2012 aims to leverage Information & Communication Technology (ICT) to address the economic and developmental challenges. The policy is rooted in the conviction that ICT has the power to transform the lives of people. Government of India has huge focus on e-delivery of services to the citizens in a convenient and

time bound manner. In alignment with the same government is looking forward to develop a parallel e-channel by leveraging the means of Information Technology for service delivery to the person residing at the remotest location of the country.

In same lines Government of Bihar is also looking forward to deliver various services to the people with utmost transparency, which they have realized that could only be done through the use of information technology (IT). The IT Vision of the state is that by the end of 2015, Bihar becomes one of the top five e-Governed, IT enabled, e-Literate state in the country and is regarded as a preferred destination for IT business and is a major supplier of skilled IT manpower.

In the association of the IT vision of the state, a project is envisaged to provide ICT accessibility and services to the reach of the common man and, thus, to make citizen Information Rich by providing digital literacy to Jeevika workers.

## 8.2 *Outcome and Key Indicators*

### 8.2.1 *Outcome Indicators*

SI N	Indicators	Physical Target		
		Project roll out phase		
		2014-15	2015-16	2016-17
1	No. of Digitally literate woman	5000	5000	5000

\*\* The physical target specified is subject to the approval of the scheme

### 8.2.2 *Strategic Intervention*

#### *Level of IT Literacy- Empower females by making them digitally literate:*

**Target:- A scheme to digitally literate Jeevika workers has been conceived.**

#### **Scheme**

Department has envisaged of imparting training to 5000 Jeevika workers covering two districts each year. The target group would be trained on the usage of tab. These tablets would have icon based content incorporated with a range of features that will make the devices most useful for rural women. The home screen will have icons to interface with voice, video, photos etc. The tablet will also have the dialling facility to put the village women in touch with the call centre, where they can get answer to their queries on agriculture, healthcare, education and any other issue that are tailored to serve certain needs. Thus the compulsion of being literate or knowing English or any other language does not become limitation to digital literacy.

The scheme would be implemented through Jeevika and Bihar Knowledge Society under Information Technology Department.

Jeevika is already an established institution which has a defined structure at each level. Thus implementation of the scheme through Jeevika will have a structured supervision and control system. Jeevika already has a scheme of imparting training aid upto Rs 2500 under Human Development scheme. On the same, the tab can be given to the members and the process can be

formulated for issuance and tracking the same. Also The actual assessment of the informational requirement of the Rural Household Woman, Content generation, incorporating the tablet with a range of features that will make the devices most useful for rural women would be done in consultation with Jeevika.

The training would be imparted through the VLEs of Common Service Centres.

### **Objective of the project:**

The idea behind the conceptualisation of making Jeevika woman digitally literate is that at this stage trying to provide academic literacy to illiterate woman will probably be very expensive and time taking. An outcome of the same may also not be possibly true for rural household woman.

But making woman digitally literate may connect them to the main stream of digitally literate era whereby they can drive the benefit of the present age digital revolution for the improvement of their quality of life. It is also expected that our social fabric is such that the children learn their first lessons from their parents only. Making woman digitally literate will also help in extending the digital literacy to the next generation of our country from the very beginning. It will reduce the cost of imparting IT Education to the next generation.

With the mission of imparting digital literacy to Five Thousand Jeevika workers each year, the quantum of training is 25 Thousand. The total target would be met in a span of five years. It is proposed that Low Cost Tablet PC would be procured which will have contents of various levels. The contents would be symbolised through icons related to the subject matter so that women can easily relate to the subject. The lesson contents would also have subject related to her day to day life. The problem could be related to health of the child, primary education of the child, information related to cultivation, weather etc.

Tablet to the successful trainees would be issued. The tablet would be pre loaded with the training content which would be the tool of training .The digital literacy i.e the training to the rural household woman is proposed to be imparted at the village level through the Common service centres which is already established in majority of the Panchayats of Bihar. The Training would be imparted to enable them regarding the usage of the tablet for the information which they really want to seek having utility in their day to day life. The tablet would be distributed to BPL families free of cost. Government may decide to charge some token amount (Rs 1000/-) from household lady of families other than BPL families.

### ***Various Components of the Scheme:***

#### ***1. Integration of Voice guided portal and animated videos with the Tablet***

An effort of imparting education or training to a particular section of society bears fruit only when the skills imparted in interwoven with the day to day life of the citizen. The digital literacy proposed to be imparted to the rural household woman can bear fruits to the upliftment of the society if the skills imparted in training are put to use in their day to day life. The innovative way in which the digital literacy is proposed to be utilised for improving the quality of life of the rural household by designing voice guided and video based contents which interacts with them in their own language

and dialect for information pertaining to their day to day needs . For e.g. Health services of voice guided portal will be able to tell them “घरेलु नुस्खा” for common diseases of their child and other family members by taking voice inputs about the disease or in case of serious problems , the intelligent voice portal would be able to access on the basis of symptoms, it may guide them immediately to contact doctor in the primary health centre of the village panchayat. This kind of services will not only help them sorting out their minor health issues in a professionally expert manner but also save them from delays in taking medical assistance in case of seriousness and thus will help them in reducing the mortality rate of the children in rural areas. In this regard the Health department has already got animated videos and voice guided portal of certain services developed. The same will also be included in the final content.

Similarly the host of other applications such as weather information, information specific to the village area that can help them plan their agricultural activities can also be introduced.

“कृषि विशेषज्ञ सलाह” services of voice guided portal can effectively offer solutions of their several agriculture related problems like insecticides, pesticides etc by taking inputs through voice guided portal, They can even be trained by taking photograph through their Tablet of the problematic areas of their field and upload the same to panel of scientist who can in turn offer them appropriate advice by means of voice messages.

Based on the requirement gathered in consultation with Jeevika it is proposed to create various levels of content. Once the trainee successfully completes first level she will be taken to the next level.

The selected agency would also be entrusted with the task of integrating the portal with the Tab to make it complete solution to impart training to the rural woman. The standardization and quality assurance to make world class would also be entrusted with the selected agencies.

Also there would be development of animated videos giving pictorial demonstration of all the information which the rural woman generally seeks for. This would be preloaded on the tab and in absence of internet facility also the woman can access the same. The index of the topic would also have some pictorial identity to the topic so that on application of mind, the woman can relate that the video is of what subject i.e health, education, climate etc.

## ***2. Creation of unit for accessibility of internet in elementary school***

To enable the household woman to use their Tablet it is important that we provide them internet access facility very near to their living place. And therefore the idea of providing WiFi hotspot has been envisaged which would be created in the elementary school which is already an established infrastructure in the village. The mother during the mid day meal session can come to the schools for the usage of the tab. This may attract the kids also to show interest in learning the same.

However connectivity to each and every village of Bihar would be the most important infrastructure for this digital literacy revolution to be successful. It is proposed to extend the internet connectivity of sufficient Bandwidth (minimum 2 Mbps) to the selected elementary school building . This is proposed to be done along with the Education Department.

In National Optical Fibre Network (NOFN) project, it is planned to connect all the Gram-Panchayats (2,50,000 in the country including 8500 in Bihar) with the existing OFC connectivity available up-to the Block Head Quarter level. This is proposed to be done by utilizing existing fibre of BSNL, Railtel & Power Grid Corporation and laying incrementally fibre to connect to Gram Panchayat. Dark fibre network thus created will be lit by GPON technology to create 100 MBPS Bandwidth at the Gram Panchayat. Internet connectivity from Gram Panchayat NOFN PoP to selected elementary school can be extended on any suitable media such as fiber or Radio Transmission Media depending upon the distance and technology feasibility. Woman would be encouraged to avail the benefit of voice guided portal by bringing her Tablet to her nearest School WiFi HOT SPOT.

### ***3. Creation of a Customer Assistance centre***

It is envisaged that if Jeevika woman while operating her tab gets confused or stuck in between and is not able to proceed ahead there will be an icon on her tab which will have a facility to automatically dial up a number to connect her to the Customer Assistance Centre .The tab will have a sim which will have the limited facility of dialing i.e only to the Customer Assistance Centre. The facility to dial any other number would be blocked.

The customer Assistance centre will help the lady in imparting the solutions at the time of need so that she need not wait for the training classes to get solution to her query.

Also the Customer Assistance centre will be a point of contact to log complains in case if there is any technical or operational problem in the tab. There will be a defined complaint redressal system for timely disposal of the problems.

### ***4. Making available Tablets to each Trainees***

Bihar Knowledge Society, a non-profit organization under Information Technology Department along with Jeevika would be entrusted the responsibility of issuance of the tablet and keeping the track of the same. The successful trainees after certification would be issued the tablet for regular usage.

### ***5. Developing CSCs as training hub for rural women***

Currently under National e Governance Plan formulated by the Department of Electronics and Information Technology, Common Services centre are already an ICT enabled front end service delivery. CSC kiosk is already enabled with PCs, printers, scanners, UPS, Digital camera and broadband connectivity. It is envisaged that CSC would be the training infrastructure to help woman acquire digital literacy skills.

Currently in Bihar, the operational CSC is at Panchayat level. Initially it is proposed that two master trainers at each identified Vasudha kendras would be trained who would be the set of resource to deliver training. The training module for these resource people would be of 3 working days which will mainly cover “how to operate the tablet” and the “Usage of voice guided portal to get solutions”

The Total duration of training for each batch of Jeevika woman would be 8 weeks.

### 8.3 Proposed Activities

#### Output Indicators to be monitored at Mission level

Sl No	Indicator	Activities	Physical Target		
			2014 -15	2015-16	2016-17
1	Number of Digitally literate woman	Creation of unit for accessibility of internet in elementary school	100	450	450
2		Developing CSCs as training hub for rural women	7,200		
3		Number of digitally literate Jiveeka Women	5000	5000	5,000

### 8.4 Budget

The total project cost has been estimated to be approximately **Rs 7525 Crores** in a period of **5 years** and for pilot **17.5 crores** is envisaged. Once the pilot is successfully completed the main project would be rolled out.

Sl No	Financial Target (In Crores)					Total
	2014-15	2015-16	2016-17	2017-18	2018-19	
1	3.63	5.52	3.0	3.0	3.0	<b>18.15</b>

#### Total Project Cost

Components	No. of units	Cost per unit	Total Cost
1. Tablet PC integrated with content	25000	Rs 5000	12.50 Crores
2. Development of Voice guided portal, animated videos & its integration	The cost indicates the development cost and maintenance cost for a total period of 5 years.		10 Lakh
3. Creation of resource centre unit	One elementary school in each inhabited village of identified district. 1000@Rs 20000 onetime cost maintenance charges per annum.		2.5 Crores
4. Customer Assistance centre with dial up cost for SIM	15-20 seater @ Rs 15000 per seater per month & dial up cost of the SIM		1.8 Crores
5. Training Cost	25000@ 500 per person		Rs 1.25 Crores
<b>Total Project Cost</b>		<b>18.15 Crore</b>	

*Note:- Proposed budget for the financial year 2014-15 to 2016-17 is Rs.12.15 Crores*

## Overall Financial Implication

Seven key departments are involved for implementation of Mission Manav Vikas. To achieve the set target departments have identified activities in alliance with 12<sup>th</sup> five year plan period i.e till 2016-17. Accordingly departments tentatively worked out the budget requirement to implement the scheme. The overall budget requirement to improve human development indicators under Mission Manav Vikas involving seven departments is as follows:-

Sl.No	Department	Budget (Crores)			Total
		2014-15	2015-16	2016-17	
1	Health	547.63	629.77	724.23	<b>1901.63</b>
2	Education	20174.44	31950.00	38700.00	<b>90824.44</b>
3	Public Health and Engineering Department	3354.18	6801.04	6052.42	<b>16207.64</b>
4	Labour	1925.00	2210.00	2375.00	<b>6510.00</b>
5	Rural Development	832.00	855.00	689.00	<b>2376.00</b>
6	Art, Culture and Youth Affairs	504.23	527.20	335.55	<b>1366.98</b>
7	Information and Technology	3.63	5.52	3.0	<b>12.15</b>
	<b>Total</b>	<b>27341.11</b>	<b>42978.53</b>	<b>48879.2</b>	<b>119198.80</b>

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